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ABSTRACT

Four issues (1980/81) of Views, an early childhood special education newsletter published by Project Sunrise Outreach in Montana, are collected in the document. Each issue contains one or two feature articles, and sections on early childhood programs, news from the states (Montana, Wyoming, and Idaho), comments from colleagues, research summaries, reviews of instructional materials, teaching ideas, reviews of publications, and a calendar of upcoming events. Feature articles have the following titles and authors: "A Rationale for Early Intervention" (K. Walker); "Staff Development--Assessing Needs" (D. Munson); "Private Sector Funding" (A. Moreau); "The Long Range Effects of Early Childhood Education on a Developmentally Disabled Population" (B. Fredericks); "Burnout--Teachers and Parents" (M. Hagen); "Oil That Squeaking Wheel" (L. Phillips on how to influence legislators); and "Effectiveness, Efficiency, and Advocacy of Early Education Programs in Times of Fiscal Restraint" (D. Gentry). (DB)

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"The aim of education should be to teach children to think, now what to think"
.... John Dewey

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WELCOME TO *Views*

This issue launches the early childhood special education newsletter that will be published quarterly by Project Sunrise Outreach, an affiliate of Eastern Montana College, for distribution in Montana, Wyoming, and Idaho. In addition to indepth feature articles, each issue will regularly include sections entitled Current Early Childhood Programs, Viewpoints from the States, Comments from Colleagues, Research in Focus, Resources in Perspective, Looking for Fun, Publications Review, and Previews. The aim of VIEWS is to promote a wide spectrum approach to the issues currently confronting early childhood special education that will encourage more extensive and expansive services for all exceptional young children.

Comments, suggestions and contributions for consideration of publication are welcome and should be submitted to Nancy Yonkee, Project Sunrise Outreach, Institute for Habilitative Services, Eastern Montana College, Billings, MT 59101. Phone (406) 657-2250. Articles must be received no later than October 31, 1980 to be considered for inclusion in the Winter issue.

The Editors

A RATIONALE for EARLY INTERVENTION

Condensed from the Project Sunrise Model

Kay Walker, Coordinator
Project Sunrise Outreach

It is now widely recognized that the first few years of a child's life are instrumental in helping a child reach his potential. A number of researchers now believe that as much as 80 per cent of the intellect is formed before a child goes to school (Bell, 1972; Bloom, 1964; Schaefer, 1970; White, 1975).

A major question of public policy makers is, "are the early childhood programs productive?" The final chapter has not yet been written in answer to this question, however, based on the most current studies available, the answer is, "Yes, **good** early childhood programs are effective."

In an intensive analysis of 14 early childhood programs implemented in the in the 1960's and early 1970's, a study sponsored by the Education Commission of the States and the Office of Human Development Services of the Department of Health, Education and Welfare found that:

1) Early education significantly reduced the number of children assigned to special education classes.

2) Early education reduced the number of students held back one or more grades, and

3) The children from all three types of programs (home-based, center-based, and combination home-center-based) surpass their controls for up to three years after the end of the program on the Stanford-Binet. This significant difference appears to last through the primary grade (Lazar, et al., 1977, p. 13).

The fact that early education significantly reduced the number of children assigned to special education classes has important implications in terms of reduced educational costs. Of course, criteria for special education placement varies from school to school. However four out of five programs, which compared program children to closely matched control children, found significantly fewer special education placements among the program children. The indication is that program effects improved school performance. If early education programs can prevent the necessity of special education placement for a substantial number of children, those efforts may pay for themselves in the eyes of the taxpayer – to say nothing of the advantages to the child and his or her family in terms of avoiding the stigmatism and labeling process so often associated with special education.

Early education was also found to reduce the number of students retained in one or more grades. Once again, it must be realized that criteria for retention vary widely from teacher to teacher. The trend across all programs, however, indicated five of seven were able to reduce the number of children retained. Of particular significance was a program reported by Moore (1978) which included an especially high percentage of high risk, Spanish surnamed children. These program children were compared with randomly selected sample of Spanish surnamed children in the general school population. Only 32.8 per cent of the program children were retained as opposed to 62.9 per cent of the general population for Spanish surnamed children.

For every additional year a child spends within the public school system, that is an additional year of schooling for which the taxpayer must pay. Reducing the number of years it takes for a child to complete the educational process results in cost benefits. It would be difficult, if not impossible, to place a price tag upon individual benefits incurred from preventing school failure and grade retention. Certainly, however, in many cases it is difficult for a child to maintain his dignity and to believe in his own potential after experiencing repeated failure.

Athough the value of intelligence tests is certainly open to question, the fact that children enrolled in early childhood programs made substantial gains which were maintained, even as long as five years after the termination of the intervention, is significant (Lazar, 1977). Although intelligence tests, such as Stanford-Binet, are not designed to be a measure of school success nor of productivity in adulthood, it would seem that the better equipped children come to the educational experience, the more they would benefit from it. If the educational experience in turn is meaningful, children should be better able to approach the responsibilities of adulthood. If this is, in fact, the case and those children are then able to make significant contributions to their world (even if that is only measured by employment vs. unemployment), the extra effort invested in early childhood education could be thought to produce benefits through society as a whole.

In addition to the measures of school success, the Development Continuity Consortium conducted parent and youth interviews with programs and controls during 1976-77 when the subjects were nine to 18 years of age. When asked, "What is the worst trouble you've been in?" Twenty per cent of the controls and 14.9 per cent of the program children mentioned police related incidents, drugs, thefts or being expelled or suspended. If early intervention programs are found in subsequent follow-up studies to reduce juvenile crime by approximately five per cent, that would also represent a substantial savings to the public. During the interview children were also found to have higher job aspirations. They were also less likely to drop out of school, and when they did drop out, it was at a later age. They also rated how they were doing in school as higher than control children. Parent interviews revealed that parents in all programs were highly satisfied with the experiences and opportunities which the early childhood programs had afforded their children.

For the child who has a handicapping condition or is at risk for developmental disabilities, early infant intervention becomes infinitely more crucial. Hayden and McGinnes (1977) have elucidated the reason for early intervention with the handicapped child as follows:

1) Early intervention does have an influence and that influence affects all areas of functioning.

2) Research has shown that there may be critical periods for the development of certain skills and that most of these periods may occur during the first three years of life.

3) Failure to provide a stimulating early environment leads not only to a continuation of the developmental status quo, but to actual atrophy of sensory abilities and to developmental regression.

4) All systems of an organism are interrelated in a dynamic way; failure to remediate one handicap may multiply its effects in other developmental areas, and may produce other handicaps (particularly social and emotional ones) that are secondary to the initial insult.

5) With the delay in remediating an intellectual or cognitive handicap, there is a cumulative achievement decrement even within a single area of functioning, apart from the danger of secondary emotional or social handicaps, that is, the condition is progressive – the child's development status inevitably becomes worse with respect to other children as he grows older.

6) Early intervention **has** been shown to help; it can work to reduce the effects of a handicapping condition and can do so more surely and rapidly than later intervention.

7) The cost-benefit ratio of early intervention usually makes it more economical than later intervention.

8) Parents need support during the early weeks and months before patterns of parenting have become established.

9) Parents need models of good parenting behavior with a handicapped child and specific instructions for working with the child (pp. 153-54).

Some of these points may become clearer with further explanation. Early intervention has the advantage of exploiting critical periods for learning. A "critical period" refers to a relatively brief span of time when a child most easily learns certain skills. At no other time in a child's life will be as sensitive to those factors in his environment which produce that particular skill. It is believed that if the child passes through the critical period without having achieved skill development, special intervention will be required in order to overcome the deficit.

Which skills have a critical period? At exactly what stage of a child's development does the critical period for a specific skill occur? Researchers do not yet know the answers to these questions. It is believed, however, that most of these critical periods may occur during the first three years of the child's life (Hayden and McGinnes, 1977). For this reason, it is important that intervention with a handicapped child begin early. Because of the child's handicap, it is conceivable that he could pass through a critical period having never experienced the environmental stimuli which would permit skill development in that area. For example, a child must hear language before he can learn to speak. Even a deaf baby will cry, coo and babble the same as a hearing child until approximately six months of age. At this point his vocal experimentation begins to deviate from the norm due to the fact that he not only does not hear other's voices but also does no hear his own voice.

It would appear, however, that the early childhood years are a critical period for learning language patterns since children worldwide generally accomplish this somewhat remarkable feat before school entry. Regardless of the language spoken, most basic language structures are mastered and only refinements are left to be learned by about age five. It would seem, then, that to provide the deaf child with a manual language system in the early months when hearing children developing oral language would allow the child to capitalize on the critical period for language development.

A delay in one area may produce additional handicaps. One widely cited example of the phenomena comes from a study conducted with parents of Down's syndrome children. Bruium, Rynders and Turnure (1974) found that the language input used by the mothers of Down's syndrome children differed in quantity and quality from that used by mothers of "normal" children. It appears that, in addition to the disorder itself, the patterns of interaction used by the primary caregiver would handicap a child further by altering the normal language experiences that contribute to linguistic development. This would suggest that parents of handicapped infants need special help to assure that they respond to their child in natural and stimulating ways.

The rapidity with which our technology is advancing makes coping even for the non-handicapped person, an arduous task. As Alvin Toffler (1970) said in *Future Shock:*

> Unless we capture control of the accelerative thrust– and there are a few signs that we will – tomorrow's individual will have to cope with even more hectic changes than we do today. For education the lesson is clear: it's prime objective must be to increase the individual's "cope ability" – the speed and economy with which he can adapt to continual change (p. 403).

The burden placed upon or educational system to produce individuals capable of coping with a rapidly changing world is heavy. We cannot afford failures.

project sunrise

Adapted from the *Project Sunrise Model*
Ronald P. Sexton, Ph.D., Kay Walker, M.S., Rena Wheeler, M.S., and Janet Lyon, B.A.

STAFF DEVELOPMENT
ASSESSING NEEDS

David Munson, Education Specialist
Montana Center for Handicapped Children
Billings, Montana

Staff development and in-service training have often been referred to as necessary evils, part of the job, waste of time, review of college courses, bureaucracy, at work, etc... Complaints and skepticism associated with staff development should not be overlooked but rather examined closely as to their merit. Staff members might be quite justified in their attitudes and reactions indicating a need for a more meaningful and effective staff development training process. The intent herein is not directed toward members of a professional and ancillary staff as recipients of knowlege but as active contributing participants cooperating with the staff development coordinator.

Professionals involved in educating and training preschool handicapped children have typically been educated and trained to teach children. They have been instructed to screen, assess and evaluate, identify individual needs, determine priorities, set goals, promote cooperation, implement programming, evaluate progress, etc... Training adults through staff development and in-service training can be paralleled to the training of young children. Screening and assessment must be performed to determine individual specific needs of each staff member. These needs are then prioritized and goals are set to give direction to the efforts. As with planning young handicapped children's programs, many other components are necessary to staff development programs such as cooperation, staff implementation, evaluation, adjustments, etc...

The first step in arranging an effective staff development training program is the definition and articulation roles. The policy-making board, principal, staff development coordinator, resource personnel, educators and the support staff all must be made aware of their own specific roles and job descriptions as well as familiarity with each other. An analysis of each role will yield skills necessary to be aware of, to have a working knowledge of, or to exhibit expertise in. The staff development coordinator might then develop a training competency grid crossing minimum training competency with personnel and identifying the level of knowledge necessary to fulfill each specific competency. For example, the director of special eduction would need only an awareness of task analysis or adaptation of materials but would need expertise in rules and regulations and case management. A teacher aide might need completely the opposite with regard to level of knowledge. An evaluation (self and administrative) of each person's performance might then be compared with the necessary minimum competency. The comparison of levels of knowledge would then yield areas of concern for further staff development training.

When appraising staff needs, the staff development coordinator must be aware of agency goals, previous training, opposition (administrative and staff), support (administrative and staff), priorities, resources, time and money available, and whether or not new problems will result. In examining these components, the staff development coordinator's role often becomes that of a negotiator. He/she must manipulate each of these components to facilitate as many of the agency and staff members' needs as is possible. Too often only the agencies' needs are considered and they dictate in-service training. It is no wonder then, that many times complaints or dissatisfaction exist. When staff members are cognizant of the fact that their own individual needs are being considered and met, a much more positive staff climate will ensue.

Care must be taken at this point to consider that just as not all methods and materials are appropriate for all children, training methods are not appropriate for all staff members. Once made aware of the specific needs of a staff, many options exist for meeting those needs such as use of in-house peronnel, resource consultants, pre-service training, in-service training, workshops, university cooperation, etc... The staff needs must be matched with training procedures specifically designed to meet those individual needs. A comprehensive examination of all methods and materials used in staff development training would be quite cumbersome as would a comprehensive examination of all methods and materials used in training and educating preschool handicapped children. Many resources exist from which to draw training procedures appropriate to staff needs. It is imperative then that needs be identified and pinpointed before any staff development training can take place.

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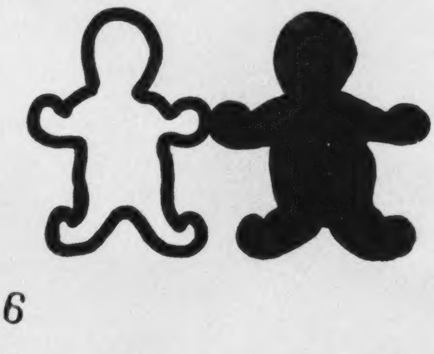


AS MONTANA SEES IT

Scott Lane, Coordinator
Early Childhood Education
Office of Public Instruction

Early childhood education for handicapped children in Montana is basically sound and growing. Preschool special education has undergone legislative change (making service to handicapped preschoolers a district option) and fiscal cut backs with relatively little harm. Most progrmas in place before these changes are still functioning (with possibly some modifications). There are, in fact, indications that service to this population is gaining momentum on several fronts. The first of these is within the Office of Public Instruction, Special Education Unit.

The Office of Public Instruction has recently received notification that its' State Implement Grant (SIG) has received funding in the amount of $66,944. The primary purpose of this grant is for the Montana state education agency to develop a long range plan for service delivery to preschool handicapped children. This is the first year Montana has had a SIG but hopefully not the last. The Office of Public Instruction has also been recently notified regarding approval of Montana's Preschool Incentive Grant (PIG) which amounts to $97,711. This level of funding represents a 60 per cent increase in federal support of preschool special education. These funds are being awarded to LEAs on the basis of $70 per preschool handicapped child counted on the December 1, 1978 count. The deadline for LEAs to apply for these funds is September 30, 1980.

Another area to be optimistic about is the effort LEAs are exerting to find handicapped children between birth and five years of age. School districts are conducting mass screening clinics annually and are screening hearing, vision, speed and language as well as developmental milestones. During the last school year (1979-80) LEAs reported screening 12,485 preschool children for handicaps. Of this number 552 were reported as handicapped and were placed in programs to receive special help. This does not include the 1,071 preschool children already identified and receiving service in Montana's school system. Much of the success of this screening program can be credited to interagency cooperation and coordination that has been established at the local level. School districts are currently gearing up for another school year and another successful child find campaign.

The continuing success of early childhood education for handicapped children in Montana will depend, to a large degree, on interagency cooperation and coordination. Only through working in concert will we be able to identify and serve all preschool handicapped chidren needing special education and related services. By way of support for this concept the Office of Public Instruction, Special Education Unit, has earmarked $45,000 of EHA-B setaside funds to assist school districts start new early childhood programs for handicapped children. This money will support three new programs at approximately $15,000 each. The selection criteria includes the following: 1) the program must be rural, 2) the program must be based on an interagency model, and 3) the program must be supported the second year with at least 50 per cent from state or local funds. Contact Scott Lane or Paul Spoor at the Office of Public Instruction for further information (449-5660).

We at the Office of Public Instruction, Special Education Unit look for many good things to happen this school year for early childhood education for handicapped children. With a legislative session coming up proponents will have the opportunity to support preschool special education. It is important to let our individual legislative representatives know of this support and the benefits of finding and serving handicapped children at the earliest age possible. Through this kind of effort we will be able to maintain and increase the momentum of the program throughout the state serving preschool handicapped children.

VIEWPOINTS from the STATES

WYOMING'S PROGRAM FOR DEVELOPMENTALLY DISABLED PRESCHOOLERS

Ken B. Heinlein, Developmental Disabilities Consultant
Department of Education
State of Wyoming

After a year of intensive study, planning and lobbying, the Community Human Services Act (Enrolled Act 92) was passed by the Wyoming Legislature. The Act established the funding formula and service priorities within the zero through six population for community-based services.

Enrolled Act 92, effective July 1, 1979, established twelve catchment regions in the State, and provided funding to enable a community programs to contract to serve the region. Each region is composed of not less than one county nor more than four counties. The regional populations vary between 14 and 74 thousand.

The funding for each region derives from several sources; the Division of Community Programs' Office of Developmental Disabilities, Title I, federal and local monies. The state dollars, administered through the Office of Developmental Disabilities, pay for basic administration costs, education services, auxiliary services and, in some cases, outreach services, depending on population size and density within the region. Title I funds also flow through the Office of Developmental Disabilities and are based on the annual service count. Federal development disabilities dollars, based on the State Plan, go for infant stimulation to each region.

Each region is required to provide a 10 per cent match of State's money. The match can be hard (actual dollars) or soft (in-kind match). The amount of local dollars used for preschool services varies greatly across the State. The 10 per cent match is the required minimum.

Service priorities are determined by severity of disability; the most severely disabled receiving the highest priority. The State's definition of a developmental disability is a 25 per cent or more delay, as measured on a standardized assessment instrument, in two or more of the following developmental areas:
1) gross motor; 2) fine motor; 3) conceptual; 4) socialization skills; 5) self-help; 6) receptive language; and, 7) expressive language. Services to less severely disabled are provided through either Title I or local monies.

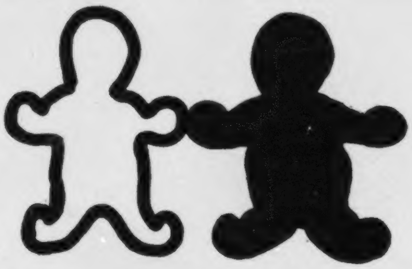
Children come to the preschools through a number of referral channels; public health, Public Assistance and Social Services, regular preschools, Wyoming Infant Stimulation Program (WISP), Wyoming

Child Find screenings are held in every region and within regions in several towns. In many regions, the local school districts contract with the developmental disabilities preschools to do the screening. Children meeting the developmental responsibility of the developmental disabilities preschools.

Quality of service is assured through personnel certification and annual on-site program reviews, both of which are conducted by the Office of Developmental Disabilities.

Each region is given considerable latitude in service delivery methods. Some regions are primarily center-based, some depend on satellite services, others favor home-based services. All regions, regardless of service delivery model, report individual client developmental progress, direct service hours, and other information to the Office of Developmental Disabilities for planning and technical assistance purposes.

The system works. Services are being provided where none were previously available. Where services were available, there has been an increase in the quality of services. Statewide planning and individual program flexibility have been successfully integrated.



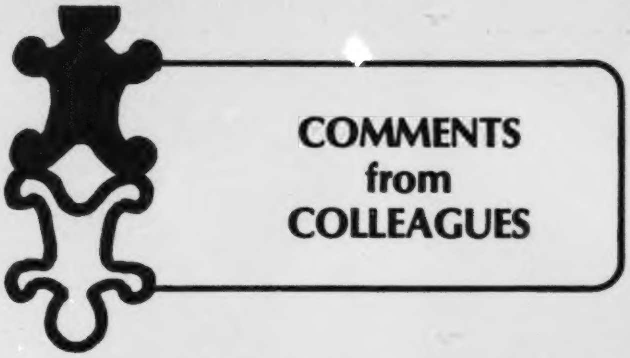
SERVICES FOR HANDICAPPED PRESCHOOL CHILDREN IN IDAHO

Betty Jo Ehlert, Ph.D, Special Education Consultant
Department of Education
State of Idaho

Handicapped preschool children in Idaho are served by several agencies through interagency agreements with the Department of Education. Idaho state law precludes the use of state revenue by local school districts for serving children below the age of five years. In order to comply with P.O. 94-142 regulations, the Department of Education awards Title VI-B incentive funds to Child Development Centers (Department of Health and Welfare) and to Head Start Programs. These grants are awarded annually on an application basis.

In addition to CDC and Head Start Programs, the State School for the Deaf and Blind has Satellite Preschool Programs located in the five regions of the state to provide services for hearing impaired and visually impaired children. Local school districts have shown an increased interest in serving handicapped preschoolers, with five districts currently receiving VI-B funds to operate preschool programs.

Idaho children from ages birth to two years are not receiving full services at present. The Department of Health and Welfare does have infant stimultion programs in two of the five regions in the state, and the State School for the Deaf and Blind attempts early intervention with visually and hearing impaired children when they can be located through Child Find Procedures. In many areas, agencies work together to avoid duplication of efforts and to promote the most efficient use of facilities and personnel. Although state law does place state funding constraints on services for preschool handicapped youngsters, the cooperative efforts of several agencies have resulted in appropriate, good quality services to young children.



COMMENTS from COLLEAGUES

SERVING HANDICAPPED CHILDREN ON THE NORTHERN CHEYENNE RESERVATION

Mary Ellen (Mickey) Pierce, Handicap Health Coordinator
Speech/Language Pathologist
Northern Cheyenne Head Start
Lame Deer, Montana

Living and working in a rural area, such as the Northern Cheyenne Indian Reservation located in Southeastern Montana, presents special difficulties in complying with the Federal Mandatory Legislation, (Headstart Performance Standards, P.L. 94-142). Most special service providers live in more heavily populated areas. Luckily these providers and their superiors have recognized the need to provide services to rural populations and have developed outreach programs. However, services provided through outreach are often of an inconsistent nature, not the ongoing comprehensive contacts preschool children need for maximum benefits.

What causes these services to be inconsistent even at their best? First, geographic location. The distance between service points is so extreme (often over 100 miles one way) that visits cannot be of a daily nature. Another factor is weather. Montana winter's are severe and regardless how dedicated we may be to our professions, Mother Nature does set limits. Inflation has also hit the service professions. All programs must adhere to funding budgets and energy costs have forced service providers to cut back on the one reason for their existence – providing services. It's circular in that it costs too much for the gas to drive the distance to provide the service to make the money to buy the gas. Where will it all end? Is it as glum a picture as presented?

I feel the overall picture is not unduly glum, even though the end is not clearly defined. It seems that the outreach service provider is still the answer to our prayers, yet the effectiveness of this type of service must improve. Perhaps the first change would be in the primary role of the outreach provider. Instead of the main goal being providing direct services emphasis could be changed to training local professional or lay persons (parents) to provide the direct service on the daily basis needed. Monitoring of this service could then be carried out by the outreach provider. This would allow for professional expertise in specific disciplines to be offered on a more comprehensive basis. How far from the present service provision in Eastern Montana is this conception?

The available resources in rural Eastern Montana are striving toward the needed teamwork to make the local training concept an efficient, effective reality. Areas of expertise are shared and passed from provider to parent in a chain of information. Resource persons in my immediate resource area (Billings, Miles City, Hardin, Broadus) share information, make suggestions and compare notes to help me and other service providers living here expand the actual services provided. Despite the fact that resource persons within the community are cooperating, all agencies involved are tied into the rules and regulations of their particular affiliation. Each federal (and I would assume private) agency has its own set of guidelines as to how services should be provided and to whom. These guidelines, usually written in Washington, D.C., do not necessarily adapt for effective utilization on an Indian Reservation or in a rural community.

Therefore when an individual comes to this type of setting to work, the first several months are spent trying to create a working network of resource persons. The success of this often frustrating experience depends entirely on the individual involved and his/her ability to gain assistance and cooperation available from resource persons. This foundation building is totally necessary for effective service delivery in a rural area, yet is very time consuming and drastically reduces direct child contact during its genesis.

The frustration that is generated during the support system building tends to discourage the service provider due to the lack of direct child contact. Hence when the resource person network is finally at its full potential, the job is often vacated and the process begins again, extending the period when children are also left with only token service due to the state and federal strings tied to various programs, while others receive an abundance. Someone, federal or state level, should closely evaluate the service system on its availability to ALL groups to insure that each child has services available to him within his/her specific community.

To increase the effectiveness of the existing network of service providers, each agency and individual within the chain must be flexible, willing to compromise rules to provide more service, and allow for modifications toward more complete compliance with mandatory legislation. Individuals providing services should be able to provide a positive experience both for themselves and the persons being served. Qualities making this easier for the service provider include: 1) Flexibility - the willingness to do various duties other than those dictated by a specific discipline, 2) Patience - although time lines are of the necessity for efficient service delivery, in a rural area, distances may cause some activities to take longer than in a populated areas; and 3) Sensitivity - sensitivity to the needs of the community and individuals being served will improve the quality of the interaction.

SCREENING IN MISSOULA

Richard Moe, Self-Contained Program
Supervisor - Missoula Elementary
School District #1, Missoula, MT

In April of this year, The Missoula Elementary Schools conducted its third preschool screening. Since its inception in January 1978, the number of children screened each year has increased. Parents of preshcool children have developed a much greater awareness that the screening is being conducted annually and begin calling for appointments months before the screening is scheduled to take place.

The CIP (Comprehensive Identification Process) developed by R. Reid Zehrbach is the instrument used in the screening program. The CIP screens hearing, vision, fine motor, gross motor, cognitive - verbal, speech and language areas. It includes a thorough parent interview form. In addition to the procedures recommended in the CIP manual, an impedence test is also conducted. The screening of each child varies from forty-five minutes to one hour.

In 1978, 131 children ages three, four and five were screened. Thirteen children were identified as requiring more complete evaluations.

In 1979, the five year olds were no longer included in preschool screening and a total of 88 three and four year olds were screened and ten were referred for evaluation.

This past spring, 129 three and four year olds were screened and 19 children were referred for evaluation. The preschool screening was expanded through a contract with the Comprehensive Developmental Center in Missoula. They screened the zero through two year old population. At that screening, 52 children were screened and four were identified as being "at risk." The two days originally scheduled for the screening was not sufficient to screen all the children referred and a third day of screening was scheduled. It appears likely that as parents become more aware of the preschool screening program, it will continue to grow. The screening which have been conducted over a two day span in Missoula will probably be increased to three days this year.

The importance of the preschool screening is that it not only assists in the early identification of handicapped preschool children, but it also helps establish a contact between parents of young children and the local school district. This contact enables communication in which parents have an opportunity to express their concerns for their child and the school district staff has an opportunity to explain the kinds of services and programs that are available to the parents.

THE ROLE OF EARLY CHILDHOOD EDUCATORS

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Multi-Handicapped Self Contained Classroom Teacher
Livingston Elementary School, Cody, WY

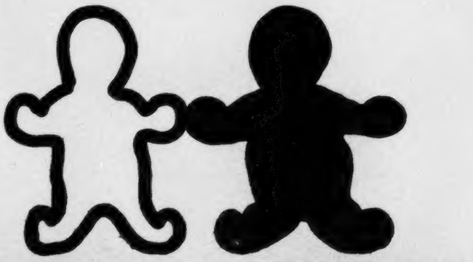
What does a maintenance specialist, a safety engineer, a scavenger, a buyer, a community organizer and a manager have in common? They are all encompassed into the role of an early childhood educator. Not only do these teachers need to be somewhat knowledgable in every conceivable content area taught in the elementary and secondary schools, they also need to be environmental design engineers, managers and child development specialist. Quite a tall order! But one, we, as Early Childhood Educators, fulfill without a second thought.

The essence of early education begins with young children and an awareness of their development and their ever-changing needs. Children need both stimulation and some semblance of sequence and order. In order to foster a healthy self-image, children must have love and security. Children also needs a balance between freedom and guidance, inactive and active experience, group and individual activities.

One activity, which is favored by my children and which exemplifies the above balance, is a sand table activity. I use a variety of materials in the sand table,-macaroni, oatmeal, rice, beans. For this particular example let's use oatmeal and cylinders by varying heights but the same volume. By manipulating the materials and through guiding questions from the teacher, the child is measuring and getting a firm foundation for later math skills.

Another favored activity is cooking. A recipe perfect for fall units — applesauce: The teacher should pare, core and cut apples in advance. Put the apples, water and sugar in a saucepan and cook on a stove, electric skillet or hot plate. The children help with measuring, stirring and mashing. A dash of ginger, cinnamon or nutmeg may be added. Serve warm or cool with a cookie or cracker. Have whole apples available and talk about diffences in size, texture and appearance.

Early childhood education provides a chance for each child to experience the growing and continually developing adventures that arise around him/her. The child's horizons grow from the family to new, broader experiences outside the family. How this transition, from family to society, takes place is of profound importance to early childhood educators.



HANDICAPPED EARLY CHILDHOOD PROGRAM

N. Dale Gentry, Ph.D.
Chairman, Special Education
University of Idaho, Moscow, IA

The early childhood program for handicapped and non-handicapped children is designed to provide learning opportunities for infants and young children and their families through the use of systematic instructional procedures. The project is made possible through a grant from the United States Department of Education, Office of Special Education.

The program consists of two major components: 1) a classroom-based program for children eighteen months through 5 years of age and 2) a home-based program for infants, or families of older children who wish to initiate home programs, or, who wish to coordinate school and home activities.

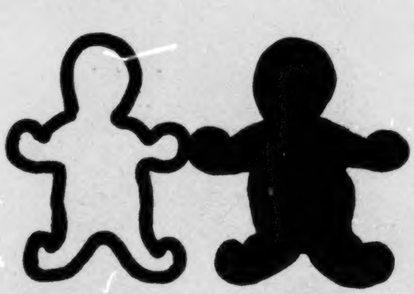
During 1980-81, the program is staffed by a classrooom coordinator (Mary Bostick, M.S.), family coordinator (Jennifer Olson, Ph.D. Candidate), graduate and undergraduate interns from the College of Education, 3 or 4 work-study support staff, a physical therapist (Carla Jones, CDS) and a project manager (Corrine McGuigan, Ph.D.). Drs. Dale Gentry and Maynard Yutsy direct the project as they have done since its inception in 1978.

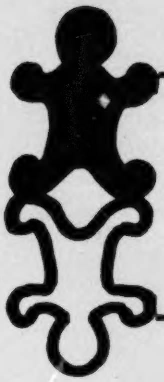
The heart of the program consists in the systematic application of events which have been demonstrated to help learners gain skills in such areas as language, motor development, compliance, social interactions with peers, preacademics and academics. Systematic instruction attends closely to the relationship between initial assessment activities, the establishment of individual goals, the delineation of daily and weekly teaching objectives, selection of curriculum, and the use of measurement procedures to monitor child progress on a daily basis.

In home or family directed activities, systematic instructional procedures are used to help parents (or other family members) efficiently build solid programs in such areas as behavior management or parent-child interactions. The same procedures can be used to assist in the development or refinement of skills which must be fostered in home as well as in school settings.

Classroom teaching activities designed to meet individual child goals and the social development goals of a group of children, are carried out in a "Mainstreamed" or integrated classroom. This class is composed of both handicapped and non-handicapped children valuable life experience in understanding and working with handicapped individuals. In the classroom, adherence to the systematic application of teaching events makes it possible for both handicapped and non-handicapped children to progress on individual and group goals effectively and efficiently.

For more information, contact the project office at the University of Idaho, Department of Special Education, 885-6150.





CURRENT EARLY CHILDHOOD PROGRAMS

CREATIVE CHILDREN'S SERVICES, INC.

Linda Shaw, M.A.
Executive Director
Creative Children's Services
P.O. Box 593
Lander, WY 82520

Creative Childrens Services, Inc. is a non-profit organization providing special education services to Fremont County's developmentally delayed preschool children birth to school age.

Among the many services offered by Creative Childrens Services, Inc. are special education for the children with learning and behavior difficulties; physical and occupational therapy for children who are having difficulty developing large and small muscle skills, such as walking, throwing, catching, eating, dressing and writing; speech and language therapy for children with delayed language skills or children who have difficulty speaking clearly. In addition, we offer an infant stimulation program which provides developmental activities and materials to high risk babies. We also offer Family Training programs designed to help the families of handicapped children cope with the problems their children face and to aid families in working with their child more effectively.

Our services are divided into two main categories - centered-based and home-based. Center-based services are designed to serve children three to six years of age in a group setting. The center program features the opportunity for developmentally delayed children to receive specialized programming within a preschool setting. Home-based services are provided through weekly visits to the child's home by trained home teachers. These home teachers, under the direction of our professional staff, offer individualized instruction to the child as well as providing follow-up activities for use by the parents between visits.

Creative Childrens Services, Inc. has been awarded a Title VI-B Preschool Incentive Grant by the Wyoming State Department of Education. This project is designed to develop a model for training non-professionals (i.e. day care providers, preschool teachers, parents, etc.) to provide direct services to developmentally delayed preschool children three to five years. The project will service three major areas 1) development of services in energy impact areas, 2) development of services of the Wind River Indian Reservation and 3)coordination of services with the Wyoming State Training School to provide deinstitutionalization of three to five year, moderately to severely retarded youngsters. The outcome of the project will be the development of a model program that can be duplicated by other rural preschool programs.

If you have further questions regarding the programs offered by Creative Childrens Services, Inc. please contact Linda Shaw, Executive Director at (307) 332-5508.

EARLY INTERVENTION PROGRAM

Hazel Bauman, Consulting Teacher in Special Services and
Coordinator of the Early Invervention Program
Coeur d'Alene School District #217, Coeur d'Alene, Idaho 83814

The Coeur d'Alene School District is serving preschool handicapped children in a number of ways. A preschool handicapped project was initiated two years ago and has expanded this year to the extent that now three to five year olds and up with various disabilities are served by three separate programs. A severe profound self-contained classroom, a hearing impaired program, and the original Early Intervention Program (EIP) are staffed with certified expert personnel in those particular fields. Each is in a location where regular students, grades K-6, are present to facilitate the mainstreaming process ever important even at this early age.

The EIP Program takes all three to five year old handicapped children who are not severely involved or hearing impaired as these are serviced by the other programs. Consequently, the group is not homogeneous and programming is of a highly individualized nature. The one-half day program is supplemented by an intensive parent training component which centers largely on behavior management and self-concept techniques. The classroom teacher, Joanne Germon, has utilized videotapes of her classroom in session and home visits to accomplish the parent training.

Academic readiness, self-help, socialization, fine and gross motor are all program skills taught, but by far the most pervasive curriculum component is language development. This is on-going throughout all other areas as well as warranting special group and individual lessons. A pragmatic approach has been adopted with effective communication being the number one goal for all students. This, too, is continued in the parent training where parents are encouraged to talk to and with their child and listen to him/her as often as possible.

We feel positive about the results of this program. Most of our past graduates have entered the mainstream of regular classrooms with backup help from Special Services in some cases. For the more severely involved students, a more self-contained environment is necessary; however, if we can encourage the growth started in the preschool, movement from special to regular education may become a reality for these children too.

BIG SKY EARLY EDUCATION PROJECT

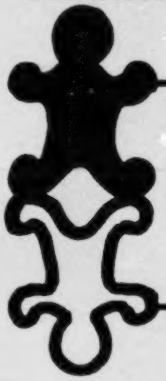
James Pezzino, Ph.D.
University of Montana
Missoula, Montana

The Federal Office of Special Education, formerly the Bureau of Education for the Handicapped of DHEW, Division of Innovation and Development, has recently awarded three year grant to the Montana University Affiliated Program for developing and demonstrating a new model of education services for handicapped preschool children (birth through 5 years). The model will be demonstrated in close association with several existing community agencies and it is expected that these agencies will utilize the project to enhance and further validate their service delivery techniques.

Each of the project's components will be marked by a high degree of parental involvement. For example, the home-based component of the model will rely heavily on parents and families as the primary trainers of their children. In addition to the home-based component, services will be delivered through a demonstration classroom (located on the University of Montana campus) as well as through other community intervention sites. The university-based demonstration site will make efficient use of many resources available on University of Montana's campus and will provide a highly accessible training site for University students from several fields of study.

The staff of the Big Sky Early Education Project takes this opportunity to thank the following agencies who have been supportive of this project and who are important contributors to the education of the young handicapped children and their families: The Special Education Department of the Office of Public Instruction, The Western Montana Comprehensive Development Center, Missoula School District No. 1, Missoula Head Start and the University of Montana.

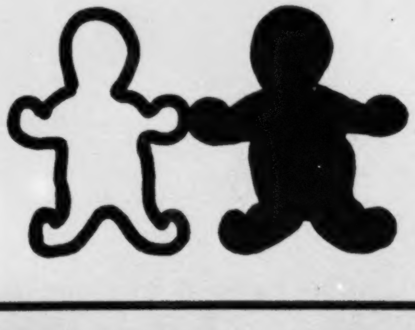
For additional information about this project, contact Dr. James Pezzino, Montana UAP, 401 Social Science Bldg., University of Montana, Missoula.



RESEARCH in FOCUS

The Issues of Mainstreaming: Its Efficacy in the Preschool; Kaplan-Sanoff, Margot, paper presented at annual meeting of American Psychological Association in New York, Sept. 1979. (ERIC Document Reproduction Service No. ED 182 055).

Findings from a study compared the effects of segregated versus mainstreamed preschool settings on handicapped and nonhandicapped children strongly suggest that mainstreaming is the preferable alternative for all types of handicapped preschool children. Initially, handicapped children in both segregated and mainstreamed settings were found to be restless and hyperactive, defiant and aggressive. Extremely egocentric, both socially and cognitively, they were unable to give and take, adhere to rules of the game, or play freely and successfully with their peers. They were for the most part silent, linguistically passive children with poor, often incoherent speech. Over the course of the school year, the handicapped children in the mainstreamed setting changed dramatically, becoming more like their normal peers and behaving in socially appropriate ways. The handicapped children in the segregated setting exhibited very little change over time. The behavior of the nonhandicapped children in the two settings remained similar throughout the study. Individual events from children's case histories support the claim that normal peers constitute models from which the handicapped can learn. First, the normal children provided patterns of spontaneous speech in natural learning situations rather than the stilted language of formal one-to-one training programs. Second, the normal children served as role models for advanced play behavior. Finally, the normal children had a powerful reinforcing influence which enabled them to induce their handicapped classmates to engage in classroom activities where teachers efforts had failed.



DETECTING INFANT DEAFNESS

If parents were aware that their infant was born with a hearing problem, they could find way to communicate without speaking. They could also take advantage of alternative methods to teach their children to talk during the optimal language-learning period, which is between the ages of three months and three years. But usually hearing difficulties are not detected until after the child crib-o-gram has been developed that can spot a hearing problem as early as the first day of life. For information, contact F. Blair Simmons, M.D., Chief of Otolaryngology at Stanford in Palo Alto, California.

Deafness is extremely rare in normal, healthy babies - about one in a thousand. Yet one in every 50 infants treated in neonatal, intensive care units turn out to have a major hearing loss, which could be due to oxygen starvation during labor and delivery. The doctor recommends that these high risk babies be given a crib-o-gram, which measures slight changes in movement, heartbeat and breathing before and after test sounds are emitted from a microphone placed in the crib.

Reprinted from Developmental Disabilities Task Force "Information Exchange" as printed in THE EARLY NEWS Vol. 3 No. 4.

RESOURCES IN PERSPECTIVE

SCREENING

Screening is a process whereby POTENTIAL deficits are identified. The CIP and DASI are examples of instruments currently available for conducting screenings.

The Comprehensive Identification Process (CIP) developed by Reid Zehrbach, Ph.D includes a process for locating all 2½ to 5½ year old children in the community, a device for screening them, a means of referring children for further specialized assessments, and of providing *preliminary* information for further diagnostic evaluations. A child is screened in the areas of cognition, gross motor, fine motor, speech/language, social/affective, hearing, vision and medical/developmental history. The entire process takes approximately 30 minutes and may be administered in the home, classroom, a central location or other designated site by professionals and/or trained paraprofessionals. The complete CIP kit which includes everything necessary for screening 35 children except paper and pencils may be ordered from:

Scholastic Testing Services, Inc.
480 Meyer Road
Bensonville, IL 60106
(312) 766-7150
Cost: $75.00

The Developmental Activities Screening Inventory (DASI) by Rebecca F. DuBose and Mary Beth Langley is an informal, non-verbal screening measure for children functioning between the ages of six months and 60 months. Adaptations are also included for administering DASI to visually impaired children. The 55 test items include fine-motor coordination, cause-effect and means-end relationships, association, number concepts, size descrimiation and seriation. The test is designed to be administered by classroom teachers with a minimum of testing experience. The manual also includes suggestions for teaching the concepts assessed in DASI may be used in the interim period that frequently occurs between the screening process and the comprehensive diagnostic assessment and remediation.

The necessary materials are included in the kit with the exception of easily obtainable common objects such as cups, balls, and toys. The complete DASI screening kit for 50 children is available from:

Teaching Resources Cooperation
50 Pond Park Road
Hingham, MA 02043
(617) 749-9461
Cost: $69.00

Nancy Yonkee, VIEWS Editor

ASSESSMENT

Assessment is the identification of the child's functioning level. Two currently available assessment tools appropriate for early childhood are the *Brigance Diagnostic Inventory of Early Development* and the *Uniform Performance Assessment System* (UPAS).

The *Brigance Inventory of Early Development*, written and developed by Albert H. Brigance and published in 1978, was designed to be used in programs for infants and children from birth through the develpment age of six years. The *Inventory* serves several purposes. As an assessment instrument it determines the developmental or performance level of the child, identifies strengths and weaknesses, identifies instructional objectives at the child's level of development which are needed to guide the growth of the child, and also obtains assessment data which can be used with other data to support a referral or diagnosis. Since the objectives are clearly stated in functional and measureable terms, the *Inventory* serves as an excellent instructional guide. Furthermore, it utilizes a record-keeping tracking system which is on-going, specific, graphic, and easily interpreted. Finally, it is an extremenly useful tool in developing an IEP which best meets the need of the child.

The Brigance Inventory of Early Development is comprehensive. It includes 98 skill sequences from birth through the developmental age of six years for the following areas: psychomotor, self-help, speech and language, general knowledge and comprehension, and early academic skills. This well researched *Inventory* is criterion-referenced as well as normative-referenced. The easy-to-follow format, which does not require specialized training or materials, makes it an invaluable assessment tool both in the classroom and on home visits.

The Brigance Inventory of Early Development consists of the inventory itself, development record books, and a group development record book. Also available from the same author is the *Brigance Diagnostic Inventory of Basic Skills*, designed for use with students whose achievement is between the kindergarten and six grade lelvel.

Available from:
Curriculum Associates, Inc.
8 Henshaw Street
Woburn, MA 01801
$49.95 (Includes 10 developmental
record books).

The Uniform Performance Assessment System (UPAS) was developed at the Experimental Education Unit in cooperation with the Areas of Special Education Unit in cooperation with the Areas of Special Education at the University of Washington. It was edited by Margaret Bendersky and published by the University of Washington in 1978.

UPAS is a curriculum-referenced assessment device that was originally developed to include all the major developmental milestones normally attained during the first six years of life. There are two scales currently in use with UPAS. The first of these encompasses the skills children normally acquire between birth and six years of age. It is referred to as the 0 - 6 scale. The developmental milestones children normally attain during the next six years of life are included in the 6-12 years of age scale. At the present time, a third scale is being developed for young adults in prevocational training programs. Because the scales deal with children who are functioning within a specific age range, UPAS may be used with a wide variety and ability levels of handicapped children.

Each scale of UPAS consists of separate curriculum areas which are broken down in task analysis fashion into skill sequences. The skill sequences are ordered according to the degree of difficulty. Both the 0 -6 and 6-12 scales consist of five major curriculum areas. They are: pre-academic and fine-motor, communication, social and self-help, gross motor and an inappropriate behavior checklist.

In administering the UPAS, one uses the set of criterion tests that makes up the assessment device and data recording sheets which present all of the items on the scale in a checklist form. There is a criterion test corresponding to every item on the record sheets except for the specific inappropriate behaviors. Each criterion test contains an expanded skill description, a testing or observation procedure, a list of equipment and materials necessary, and criteria for the child's passing the item. The scoring procedure is also specified.

A rather unique aspect of UPAS is its linkage to a computer analysis system. A computer analysis of UPAS data provides results in several different formats. There is an individual pupil summary showing in graph-like format the progress of the child over time in terms of overall performance and percentage of items in each area of UPAS. Another alternative analysis option divides the pre-academic area into fine motor skills and cognitive/interactive skills and would indicate progress in these areas separately. Likewise, in the communication area, it is possible to show progress in receptive and expressive skills separately. A third possibility of computer analysis is the group statistical summary which compares the results of a group, such as a class, over two administrations of UPAS. This summary is also graph-like in format and shows complete ranges for the group for two quarters. A chart-like format shows how each child in the class performed in every UPAS item for the recent assessment. There is also an error summary provided that indicates recording errors to the testers.

The data provided by UPAS computer analysis reports can be utilized in different ways. The initial administration of UPAS can provide information for making decisions about program and classroom placement. It can also help in determining IEP objectives for a child. Another use of UPAS results is its indication of the child's progress. After it has been administered several times, the teacher will know whether the daily programs are having the desired effect on the child's progress toward the mastery of IEP goals.

Available from:
College of Education
Experimental Education Unit
Child Development and
Mental Retardation Center
University of Washington
Seattle, Washington

Cost:
0-6 scale $15.00 plus postage
6-12 scale $12.50 plus postage
Additional pupil record
sheets .50 per child.

Lynn Klaber, Project Sunrise

CURRICULUM

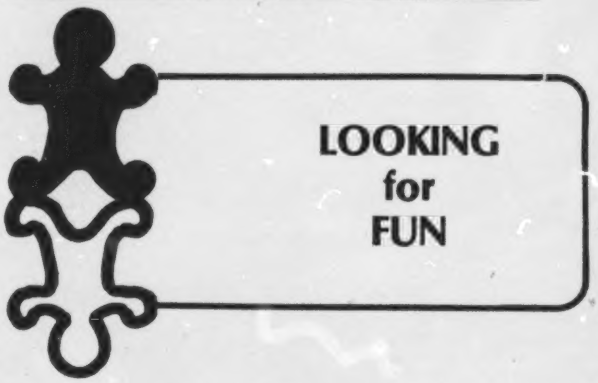
Carolina Curriculum for Handicapped Infants (birth to 12 months developmental level) Field Test Edition by Nancy M. Johnson, Ken G. Jens, and Susan Attermeier. Frank Porter Graham Child Development Center, University of North Carolina, Chapel Hill, NC

The CCHI was designed to provide curricular intervention strategies for use by any program involved in providing direct services to handicapped children functioning in the birth to 12 month developmental age and to their families. The format is easy to use and includes all the materials necessary for teaching, teaching strategies and criterion measures for evaluating performance, and special notes and cautions. The following characteristics are incorporated into the CCHI:

1. It is based on normal sequences of development but does not have an underlying assumption of relatively even development across all spheres. The curriculum can be used with both the mildly delayed child who is developing slowly but in a normal pattern, and with the multiply handicapped child whose patterns of development are markedly atypical.
2. It is based on logical teaching sequences of how skills should be taught, not by the mean age levels at which normal children learn a skill.
3. It is based on recognition that the most seriously handicapped infants will never be normal and that non-normal but highly adaptive skills must be taught to replace normal skills when necessary.

Since the birth to 12-month developmental period has been the one least adequately dealt with in the existing curricula for handicapped youngsters, the CCHI provides a valuable and much needed contribution to the field of early childhood special education.

Nancy Yonkee
Editor, VIEWS



YUMMY DRAWING

Arrange raisin, M & M's, nuts or other small edibles in a pattern on paper. Have child draw with a crayon between them or follow a path from one to another. Eating is the reward for successful drawing.

Barbie Ganulin
STEP PROGRAM
Billings, Montana

ONE COOKIE

Reprinted from THE EARLY NEWS, Vol. 3 No. 4

1 tbsp. beaten egg (the fun for the teacher is in measuring this)
1/4 tsp. vanilla

2 tsp. brown sugar
1/8 tsp. baking powder
pinch of cinnamon
2 tbsp. rolled oats (quick or regular)
pinch of salt
1 tbsp. of flour
1/2 tbsp. applesauce

Each child can mix their cookie in their own bowl. Spoon onto a greased cookie sheet, decorate with a raisin face. Bake at 350 degrees for 10 minutes.

HALLOWEEN MAKEUP

With the Halloween season arriving soon will come the barrage of face masks, which are not always very safe. Here is an easy to make, inexpensive, and a safer alternative: (the kids also have a lot of fun making themselves up!)

Basic formula:

2 tsp white shortening
5 tsp. cornstarch
1 tsp. white flour
glycerin (purchased at a drug store)
food coloring

Blend the first 3 ingredients into a paste. Add enough glycerin to make a good creamy consistency. Add food coloring. Use your fingers to apply, stroking in one direction.

A brown makeup can be made with 1 tsp. white shortening, 2½ tsp. of unsugared cocoa, and glycerin.

Use lipstick and eyebrow pencil to draw highlights and lines.

Last, but not least, remove with shortening, cold cream or baby oil.

Lynn Klaber
Project Sunrise

GET ACQUAINTED GAME

(Sung to the tune of the "Muffin Man")

Children join hands to form a circle, one child in the middle.

Sing: Do you know some friends we have?
Some friends we have,
Some friends we have,
Oh, do you know some friends we have
In our room today?

Center child chooses child from circle. Chosen child tells his name and goes to center of circle. Children continue going in circle singing:

(Name) is friend we have
a friend we have,
a friend we have,
(Name) a friend we have today.

Repeat until all children are chosen. This is a good activity for the new school year or when a new student comes in the class. Also a handy way for new staff to learn the children's names.

Lynn Kalber
Project Sunrise

ART ACTIVITY

(Bread Sculpture)

Tear crusts off bread slices - feed crusts to birds. Give each child one slice of bread - have them tear it up into little bits, add 1 tbs. glue and a few drops of water. Knead it and work with it - it gets shiny and pliable. Children from it into a shape - will dry overnight into very hard sculpture.

Chris Bakun
Eastern Montana College
Preschool

MEASURING CONCEPTS

The object of this activity is to utilize various objects (spoon, cup, pail) to teach basic amount concepts.

Activity: A chart displaying the object and the amount is set up for the children. Together the teacher and the children "read" the chart and follow the directions.

Example: To make soup - one blue cup full of carrots, one red cup full of celery, one yellow cup full of onions, one blue cup full of corn, one pan of water, 4 spoonsful of beef boullion, one spoonful of salt. The children cook it and eat it later in the day.

Barbara Stillwell
Anoka-Hennepin School District
Coon Rapids, MN

PUBLICATIONS REVIEW

Breaking the Cycle of Child Abuse, Comstock Herbruck, Christine, Winston Press, Mpls., MN 1979

Breaking the Cycle of Child Abuse is a fast reading and compelling book about child abuse and neglect and Parents Anonymous. It was written for "people who were abused themselves as children, people who are abusing their children now, people who work with child abusers, and people who care about other people." Ms. Herbruck, Coordinator of Parents Anonymous in Northeastern Ohio, Inc., points out in her sensitive narrative that once we learn to understand the reasons behind child abuse, we may be able to accept abusers, to understand them and to help them become the kinds of parents they want to be.

In the first section of the books, Ms. Herbruck defines the types of abuse and neglect, discusses the cycle of abuse, and identifies signs of overwhelming stress and high-risk indicators of troubled parenting. In addition, she discusses some alternatives to abuse.

The organization and functioning of Parent Anonymous group are described in the second half of the book. Learning to accept oneself and learning of individual feelings are themes expressed in this section.

Available from:
Winston Press, Inc.
430 Oak Grove
Minneapolis, MN 55403
Cost: $4.95

Perspectives on Gifted and Talented Education is a series of six baum, Director, Elizabeth Neuman, Editor, Gifted and Talented Project, Teacher's College, Columbia University.

Perspective on Gifted and Talented Education is a series of six original monographs. They are:

1. Elementary and Secondary Level Programs for the Gifted and Talented

2. Gifted Young Children
3. Identification of the Gifted
4. Reaching Out: Advocacy for the Gifted and Talented
5. Somewhere to Turn: Strategies for Parents of Gifted and Talented Children
6. Training Teachers of the Gifted and Talented

Gifted young Children reviews the literature and synthesizes most of what is known about the intellectual abilities and social development of gifted preschool and primary grade children. The nature of giftedness, the physical, social, emotional, and cognitive characteristics of such young children are explored. Processes and problems of identifying gifted youngsters through their performance on standard tests and from information provided by parents and teachers are examined and illustrated in considerable detail. Basic principles in planning programs for gifted young children are presented as are descriptions of actual on-going programs, evaluation procedures, and a discussion of the pros and cons of early entrance of regular school.

The titles of the texts in the remainder of the series are self-explanatory.

Available from:
Teacher's College Press
Teacher's College
1234 Amsterdam Avenue
Columbia University
New York, NY 10027
Cost: $33.50

Comprehensive Developmental Screening Recommendations: A Response to Frequently Asked Question, Kay Walker, M.S.

This publication addresses a variety of questions raised by both professional and non-professional audiences. The booklet provides a broad overview of comprehensive screening procedures and is intended as a resource guide for the development of community based screenings.

Available from:
Project Sunrise
Eastern Montana College
Billings, MT 59101

Cost: $2.00

The Project Sunrise Model, Ronald P. Sexton, Ph.D., Kay Walker, M.S., Rena Wheeler, M.S., Janet Lyon, B.A.

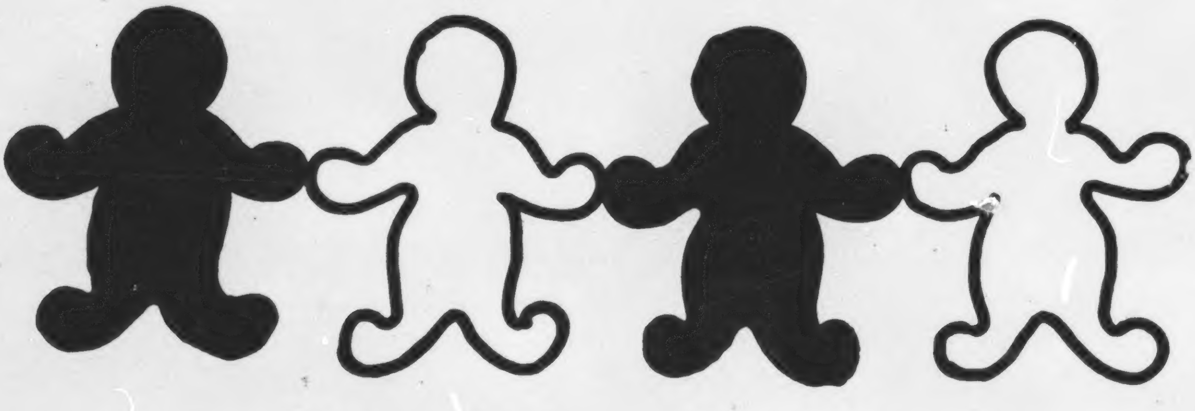
Project Sunrise is a home-based preschool handicapped children, birth to six years, living in rural areas of Montana. This publication contains a comprehensive paraprofessional training program and is behaviorally oriented. Educational activities are implemented daily by the parents who are trained in behavior modification techniques by a paraprofessional home visitor. The home visitors, in turn, are trained and supervised by early childhood special education specialists.

Also included in *The Project Sunrise Model* is comprehensive research concerning the rationale for early intervention and parental involvement in early education. Other chapters describe the model overview, and the role of the parents. Screening, identification, assessment and diagnostic evaluation, program planning, implementation and reassessment, and the curriculum for preschoolers and all discussed in a chapter entitled "The Child". The responsiblities and expected competencies of the home visitor and center staff are examined in separate chapters. The appendices include useful resource materials concerning Montana Rules and Regulations for Special Education, published materials used in developing the model, and the home visitor program.

Available from:
Project Sunrise
Eastern Montana College
Billings, MT 59101

Cost: $10.50

Lynn Klaber
Project Sunrise



PREVIEWS

Sept. 29-30	Montana Indian Education Conference	Ramada Inn Billings, MT
Oct. 15-16-17	Fall Conference on Exceptionalities "Looking Toward the Future"	Colonial Inn Helena, MT
Oct. 15-16-17	School Administrators of Montana (SAM) and Montana Council of Administrators (CASE)	Northern Hotel Billings, MT
Oct. 30-31, Nov. 1	Association for Severely Handicapped Conference "Goals and Strategies for the 80's"	Bona Venture Hotel Los Angeles, CA
Oct. 30-31, Nov. 1	The Second Annual Conference of the Council for Exceptional Children, Division 8 "Learning for Children with Learning Disabilities"	The Denver Hilton 1550 Court Place Denver, CO
April 1-2-3, 1981	Second Annual Montana Symposium on Early Education and the Exceptional Child	Northern Hotel Billings, MT
April 12-17, 1981	59th Council for Exceptional Children Annual International Convention	New York, NY

Project Sunrise has the following publications available for the cost of reproduction. To order indicate the number of copies requested and mail to: Project Sunrise Outreach, Institute for Habilitative Services, Eastern Montana College, Billings, MT 59101. Purchase orders will be accepted from local education agencies. Individuals should include a check or money order for the requested publication(s).

The Project Sunrise Model. A home-based parent teaching program designed to serve handicapped children ages birth to six living in rural areas of Montana. $10.50

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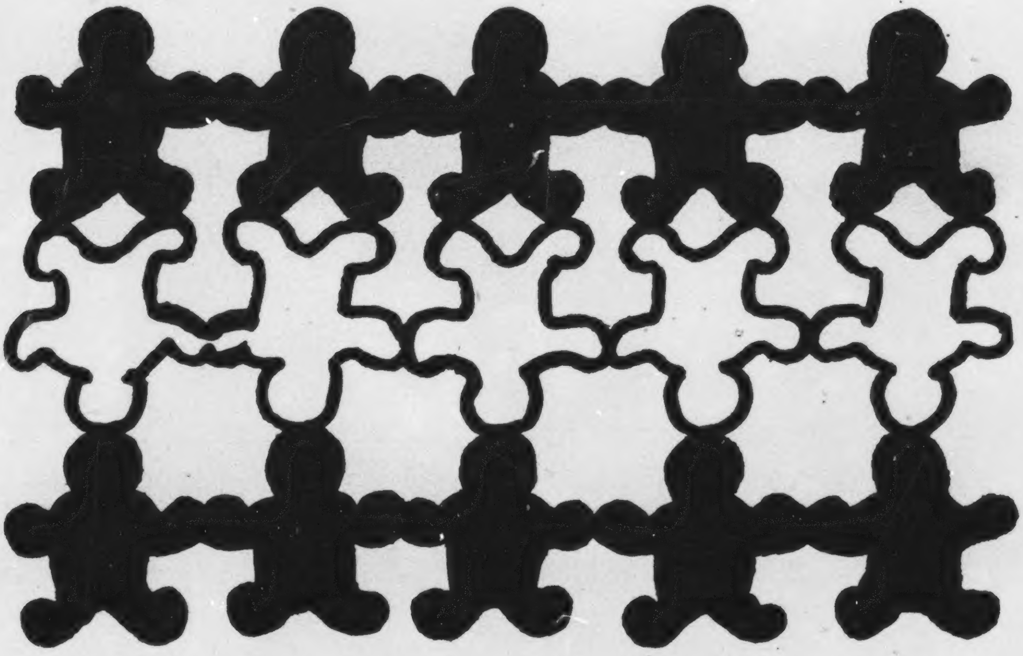
EASTERN
MONTANA COLLEGE

Views

An Early Childhood Special Education Newsletter



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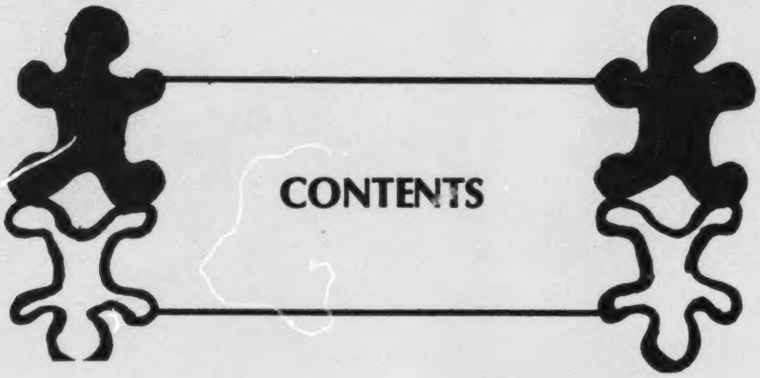

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THE EDITORS VIEWS

With the publication of this second issue of *VIEWS*, we feel that our goal of presenting a wide spectrum approach to issues confronting early childhood special education is definitely being achieved. The ever present issue of funding is addressed in this issue in a manner that may very well be indicative of a future trend.

We sincerely appreciate the enthusiasm with which the Fall issue has been received and hope this and the future issues will be equally well received. To attain this desired level of quality, however, your continued input is necessary in the form of comments, suggestions and contributions for consideration of publication. These may be submitted to Nancy Yonkee, Project Sunrise Outreach, Institute for Habilitative Services, Eastern Montana College, Billings, Montana 59101. Phone (406) 657-2250. February 1 and April 10 are the deadline dates for the Spring and Summer issues.

PRIVATE SECTOR FUNDING

Arthur J. Moreau
President, Division of Innovation & Development
Continuing Education Programs of America

We have entered a time period when it has become necessary to develop diversity in the funding of educational and rehabilitative programs.

This past year we have observed the highest inflation rate since World War II. There has never been a time when the skills of administrators have been more taxed to secure the necessary dollars to adequately finance their educational programs. Administrators are realizing that tax support alone is no longer adequate to maintain their programs. We are also observing an increasing movement across the country that is eroding many tax bases which is in part due to the **shifting in population age.** Many senior citizens no longer have children in school and consequently do not feel an obligation to be taxed for educational services.

It seems only apparent that it is necessary to diversify one's funding bases and certainly the private sector needs to receive every consideration in the financing of a total human service program.

Let's take a look at what happened in the private sector during 1979. (See exhibit #1). The nation's citizens, business organizations, and foundations contributed a record $43.31 billion to philanthropic causes in 1979, an increase of 9.3 percent from year-earlier levels. Although these figures did not keep up with inflation (12.5%), it appears to have out-paced the increased funding levels from many taxing bodies. I think one could make some interesting assumptions about distribution of these funds. One observation might be that a Religious-based Hospital operating an early childhood education program might have a pretty good chance at getting a generous share of the private dollar.

For those operating programs from a pure educational base, they may want to examine the possibility of some sort of cooperative effort with other organizations that may have religious and/or health care affiliations.

Individuals, hard hit by the rise in their own cost of living, gave an astounding $36.54 billion, or 84.4 percent of the total. That was in increase of 11.4 percent from the amount donated to various causes in 1978, and as a portion of the nation's personal income, it equalled 1.90 percent. I think it is important to remember these statistics because as a individual pursuing private funds, I might spend more of my time in actively pursuing the largest giving portion of the total picture... individuals. The IRS makes it quite attractive for individuals to contribute to charatible causes, in that a 50 percent allowance from gross income is allowed. Note that this is not from Net Income, but Gross Income... an important distinction to remember. This should also tip you to be aware of those who have the potential to contribute to your program. You can identify potential giving individuals from your parent rosters, country club members, civic club members and, if you want to, you can purchase lists of high income people that live in your city, country or state. Timing is quite important to approaching individuals in that in many instances these larger contributions are obtained at the close of the year, after the person knows what his/her financial condition has been for the total year. You will note that during the months of November and December you receive the largest number of appeals through the mail... these people know what they are doing and you can learn from them.

The solicitation of individuals can take many different forms, i.e., direct mail, telephone solicitation, etc., but personal contact is the best for the obtaining of meaningful contributions. A suggestion on where to start... look over your client records... get to know who your parents are, where they work, and who their relatives are and who they know. The best person to do this is someone who has direct contact with the family on an ongoing basis. This requires skill in articulating your needs so that you can secure their interest and help. I think it is important to discuss with parents the cost involved in providing services to their child, so that if your program is funded on the short term, they will be aware of the expense and will feel a greater obligation to help you in the future, should private funding be needed. This could be the subject of a book all by itself... my purpose here is to stimulate your thinking and let you create your own approaches. Another suggestion might be to obtain a roster of local country club members, those active in civic affairs and see who knows whom... this should be the joint responsibility of the board of directors and the staff. Determine who knows whom and make a roster... use the approach of their investing in your work... be business-like and present your case in layman's language... not technical jardon.

Bequests or deferred giving represented 5.1 percent of all giving for a total of $2.23 billion. Obtaining support from this source is usually a long term kind of program. You have to cultivate relationships with people, such as grateful parents, grandparents, etc., who have received a direct benefit from your program. It's best to have some printed information on this... your national organizations such as Cancer Society, Heart Fund, etc., can be used for examples.

Deferred giving should be an ongoing part of every private funding program but in many instances, little effort is put forth in this direction. The tendancy is that board members, and agency leaders prefer to talk about this last! If you have one board member who will provide leadership here... maybe naming your program in his/her will themselves can be of significant help in getting this started. Setting an example from the leadership of any organization is always good business. I can assure you that when you and your board member are discussing such a topic with a prospective contributor... it is not uncommon for the potential contributor to ask your board member, "Well, Jack... how much did you give or identify in you will?" **If the answer is negative... believe me... you are finished.**

So many seem to be hesitant to develop this deffered giving program and the potential is so great, let me give one simple illustration of the potential merit - *Seattle Times*, May 18, 1980, "Big Gift to Small College Sets U.S. Record"... which stated that an $18 million dollar gift had been received by Buena Vista College, in Storm Lake, Iowa, from a secret donor... **you just never know what your efforts will bear.**

The country's business corporations, which have increased their share of giving each year for which there is any kind of documentation, reached a **new high level** of $2.30 billion in contributions. I think it is important for you to realize that corporations can give a maximum of 5 percent of their net profits to a tax exempt (501C3) organization and have the amount be fully deductable on their corporate taxes. During this past year the majority of **major energy companies increased their giving significantly** as they had some public image building to do. **I forcasted that this would happen** and those who followed up... hit the jackpot.

The place to start is with the companies that employ your parents, both large and small. Don't overlook small businesses, especially ranchers, etc., if that is the predominant industry in you area. Most large companies have direct corporate grant programs, employee matching gift programs, etc. and your parents who are employed there can tell you who is in charge and what their past history has been. It is most important to have your parents be active in approaching corporations to support your work. You know which parents you will want to use... they should be able to articulate the help you have given them and why the company's financial support is needed. This kind of involvement is looked upon very favorably by corporations... they like to see their employees benefit and involvement... makes giving to you alot easier. If the company is a national concern with offices and/or plants all over the country you will have to approach the local plant manager or whoever is in charge first to determine their policies and procedures. Again, here is where your parents and or board members can be of great value to you. Let them make the inroads in terms of application procedures, etc. Usually you will have to visit with a representative from the company and when that happens, it is important that you have your parent who is employed there with you and perhaps one board member present during the interview. **Never** as a paid staff person should you go to an initial interview of this type by yourself... why.... because you have a vested interest in that you are being paid... the others are volunteers... very important to keep this point in mind! One other suggestion... it is relatively easy to find out whether or not a company is profitable... if they're in a down year... you might want to wait with that company until they are profitable. If the company is listed on the stock exchanges... you can obtain their current financial picture along with the names of their key personnel from your local stock broker... absolutely free. One other point about solicitations of this kind... if there is more than one company in town of similiar size... be prepared to deal with the question of "how much did they give?"... you better be prepared to answer and hopefully you will have selected as your first contact the firm where you have had alot of help from your parents and board members so that you have a firm commitment prior to calling on others. If the question does come up, and more than likely it will, (how much someone else gave) and you have to answer negatively or that you do not have a firm commitment... your chances for success will be greatly diminished! Actually these approaches should be considered for all business concerns... even smaller local businesses will be curious as to what their competitor or neighbor gave to you... this is especially true in smaller cities.

Foundation giving, which is tabulated to be $2.24 billion in 1979, represents 5.2 percent of all philanthropy. There is alot of misunderstandings about foundations in that grant seekers have a tendancy to lump all private foundations in one category. Not only do private foundations differ from public funding bodies, but there is a wide diversity among foundations themselves. What may be appropriate to the Lily Foundation may be totally inappropriate to the San Fransisco Foundation. There are five (5) types of foundations existing today. You can study the differences between these various types of foundations as well as research any specific foundation that makes awards in the amount of $5,000.00 annually in the **Foundation Directory.** I believe this to be one of the best compilations of information on Foundations in existance. It is printed by the Foundation Center, 888 7th Avenue, New York, New York 10019, telephone 212-975-1120. This Directory profiles foundations, lists their purposes, officers, application procedures, gives a summary of their financial activities for the past year and identifies their IRS I.D. Number. This publication is available in Regional Centers across the country... check your local or University Library.

There is alot of competition for foundation funds. Inflation has not been kind to the assets of these organizations but many have now reinvested their assets in higher yielding instruments allowing them to keep up or out step inflation. Insider contact is really important... check with your board members, people who they know etc., to see if they have any direct of indirect contact with key board members, etc... anything to give you added insight as to what is their current area of interest and what their funding levels will be for the time period you are interested in. Those foundations that are controlled by family members and serve specified geographical areas are especially responsive to insider contact... Good luck!

The above sources of funds are lumped into major categories. I think that many other special programs can be developed for local situations. Civic groups like to be involved with programs that have alot of public appeal... they like the publicity, etc... I really cannot think of a broader appeal than that of helping children. Civic groups sometimes need encouragement and direction or a creative idea to get the ball rolling. Again, here is where your parents can be of help to you... find out who belongs to what... Rotary, Junior League, etc... your important contacts are probably right there waiting to be asked for help. I do think it is important that when you plan a project that it is just as easy to plan something that will bring in $10,000.00 as it is to plan an event that brings in $500.00. Creativity is very important in this and your limitations will be based upon your own ability to come up with the winning idea!

I would like to offer a suggestion that can be of value to you in all of your development work is the creation of a "Prospectus". Whenever you as an individual contact any for profit organizations about investing in their company, you receive a Prospectus. This document usually highlights the organization and tells about its over-all mission, who its leaders are, its financial condition, etc. Your Prospectus should be prepared in a similiar format. Include a description of your services, the number of clients served, their ages, a list of board members, a list of businesses that employ your parents, along with any letters of commendation from outside officials. Some basic financial information should be included, but I would not insert detailed information outlining every nickel received and expended, rather something more general just to present a picture of your financial situation. This document need not be expensive to develop... I recommend that it should be prepared and duplicated on high quality paper, preferably buff in color, and bound in a business like folder that can be added to as your situation changes. In developing this Prospectus, stay away from technical terminology... **use layman's language.** This document can be used as a tool in discussing your programs with potential investors who know absolutely nothing about your program.

Never underestimate the power of the media... when you are planning your activities, it is really helpful if you have a local newspaper or T.V. station doing a feature story on your work... really is a good idea to have people representing various media involved with your board etc. The ideal situation is to have your publicity going at the same time you are making your local contacts... obviously this will not be as beneficial for contacts that you will be making on a National basis... I am thinking here of primarily National Foundations.

Always thank your investors for their investment in your work. Try to personalize your thank-yous as much as you can... if it is in written form mention again what you originally asked support for and advise that this is what you will be using their funds for. Also if you have a newsletter, put all of your investors on the mailing list... so that they hear from you more than once a year. That will pay dividends in the long run and will make coming back a lot easier next time.

It was not my intention in this article to make seasoned development officers out of you but rather to give you some added insight into the realm of private giving. Those who decide to pursue these avenues will definitely be rewarded if there is:

- A vital need

- A sufficient allocation of time
- A creative approach
- A strong desire to succeed.

About the author... Arthur J. Moreau, President, Division of Innovation & Development, Continuing Education Programs of America, Box 52, Peoria, Illinois 61650. Mr. Moreau is a seasoned administrator who has been highly successful in obtaining funds from the private sector. He has authored numerous articles on this subject and lectures nationally on Alternative Funding Strategies... A Guide to the Private Sector.

EXHIBIT #1
PHILANTHROPY
1979

TOTAL GIVING 1979 – $43.31 Billion

1979 Contributions (in billions)

Individuals	$36.54
Bequests	$ 2.23
Corporations	$ 2.30
Foundations	$ 2.24

Contributions as Percent Total

Individuals	84.4%
Bequests	5.1%
Corporations	5.3%
Foundations	5.2%

1979 Distribution (in billions)

Religion	$20.14
Education	$ 5.99
Health & Hospitals	$ 5.95
Social Welfare	$ 4.35
Arts & Humanities	$ 2.70
Civic & Public	$ 1.24
Other	$ 2.94

Distribution as Percent of Total

Religion	46.5%
Education	13.8%
Health & Hospitals	13.7%
Social Welfare	10.0%
Arts & Humanities	6.2%
Civic & Public	2.9%
Other	6.9%

SERVICES FOR LEARNING DISABILITIES: THERE'S DISTANCE TO TRAVEL AND A SYSTEM TO CHANGE

John Dodd
Professor, Institute for Habilitative Services, E.M.C.

Special Education Heads Up and Out

Since its inception, Special Education has maintained a steady course in one direction. That direction has been toward the provision of an appropriate educational program for youngsters who had been previously excluded.

The trend has been toward integration. It has been up from the basement or out of the annex toward the main floor of the regular school building.

Institutions have given way to special education centers or schools. Centers have given way to special classes in regular school buildings. Now special classes have given way to resource rooms.

The general direction has been toward providing services for lower and lower functioning children until today zero reject education is reality. Public Law 94-142 is in place and it's mandates are beginning to be met.

Enter Learning Disabilities: An Exception

There has been one exception to the direction suggested above. In the early 1960's special education also expanded to include higher functioning youngsters as well as to include increasingly lower functioning youngsters. The field of special education moved to include children who were already in regular classrooms. The field opened its umbrella enough to include children who are called learning disabled. They are youngsters who function at an average or higher level in many areas, but who are deficient in just some areas - often in reading.

I believe that difference in direction the field of special education made was appropriate. It moved to provide educational services for children who were being inappropriately and poorly served. It called attention to youngsters who have been described as shadow children because they were not identified as readily as some more distinct and obvious conditions.

Delivery System

Often, at first, special education services for learning disabled children were provided in a self contained classroom. However, it became readily apparent that for most children with learning disabilities the self contained classroom was unnecessary and indeed, inappropriate. That error has been rectified. Nearly all children with learning disablities are provided services in resource rooms and most attend the resource room considerably less than half a day. Perhaps most youngsters with learning disabilities are afforded some special education services.

No Time to Rest on Laurels

When one looks back for a moment it becomes apparent that tremendous gains were made for children with learning disabilities during the 1970s. However, this is not time to dwell on past accomplishments. Provisions of special services is just not enough. Since it was important enough to require a change in the direction special education has typically made, it is essential that the job is done right.

If it is appropriate for children with learning disabilities to spend most of their day within the regular classroom, then it is appropriate that the time should be spent with teachers who are knowledgable about learning disabilities and about ways to deal with the learning problems. No longer should learning disabled youngsters be subjected to teachers who are convinced that they "just won't learn because after all they have a fine speaking vocabulary", nor should they receive less than full credit for correctly spelled words just because some of the letters were formed wrong. If they know all the answers in science they should be given a chance to demonstrate this knowledge even if they have to do that without being able to read. Certainly they deserve to be taught the basics with whatever technology and special materials are appropriate.

Important of General Educators

My intention is not to impugn regular teachers who deserve tremendous support. I believe many persons have often been too quick to criticize regular teachers and too slow to recognize the heavy responsibilities the regular classroom teachers carry out well. All too frequently good regular education teachers say "oh–I'm only a regular teacher," when the chances are good that that regular teacher was already having the greatest impact on the child with learning disabilities who was sitting, perhaps unidentified, in the second seat of the middle row of her classroom. Regular educators are very important and they deserve to know that.

The System Needs Change

The system, however, has not been fair to regular education. Nobody would expect a teacher who has studied mathematics but not French to be able to teach French. However, we vigorously criticize teachers whose teacher education program did not prepare them to teach children with learning disabilities because they do not do an adequate job of teaching children with learning disabilities.

In-Service Urgently Needed

Certainly in-service training needs to be provided until every principal at every level in every school in every school system knows about children with learning disabilities and reasonable provisions for the learning disabled. All teachers need to be provided training until they understand the problems and know about appropriate materials and teaching techniques even though their heavy schedule often makes it necessary for some of the individualized teaching to take place in a resource room.

Early Identification and Intervention

Every early childhood educator needs to be prepared to help identify children with learning disabilities as early as possible. They need to know exactly when perceptual, discrimination, eye-hand coordination, and other pre-academic skills are expected to emerge.

Their training must emphasize observation and assessment skills even if only so they quickly and knowledgably refer to assessment specialists.

As soon as identification of learning disablities or identification of children who are "at risk" takes place, early intervention should begin at once. Clearly that calls for mandatory pre-school programs for more children then just obviously and severaly handicapped preschool children.

Of course, this is a call for additional pre-school programs. However, there is reason to believe that direct intervention during the very early years of a child's life may be much more effective than later attempts after development has lagged still farther.

That wisdom has been popularly recognized for years. It has been expressed by adages such as "a stitch in time saves nine", and "an ounce of prevention is worth a pound of cure." Let's use the wisdom we have accumulated to initiate and fully use pre-school education programs.

Teacher Education Needs and Infusion

If appropriate services are to be provided in the future, it makes sense to get at the source of the problem. I believe no elementary teachers should be permitted to enter the field who are not a least minimally proficient in teaching children with learning disabilities. Additionally, no new administrator should be credentialed without adequate preparation in learning disabilities.

Secondary teachers, too, need preparation for dealing with learning disabilities. Since one of the easy, but not always workable "solutions" is to teach children with learning disabilities to type, there is every reason to prepare typing teachers to deal with learning disabilities. The ever present language problems of the learning disabled clearly call for understanding and knowledgable English teachers. Geometry teachers need preparation. The importance of appropriate physical education provided by an understanding and proficient physical educator is inestimable. The list goes right on and through the entire curriculum.

Post-Secondary Education, Too

There is a need to be sure post-secondary school opportunities are developed and made readily available for the learning disabled. There is ample evidence that learning disabled adults can serve in nearly every profession. They deserve opportunities to afford entry to a wide array of occupational choices. No bachelors, masters, or doctoral degree in education should be granted without some training and competency in dealing with learning disabilities.

Let's Get the Job Done

The gains made in the 1970s were indeed impressive. However, the challenges remaining for the 1980's may be even greater than the challenges met in the 1970s. But these tasks remain to be accomplished to provide adequate services for the learning disabled.

We took the job in the 1960s, let's accomplish it in the 1980s.

COMMENTS FROM COLLEAGUES

IN SUPPORT OF THE FAMILY

by Rena Wheeler

Director, Special Training for Exceptional Children (STEP)

In the past few months considerable attention has been spotlighted on the American family and its demise. The recent White House Conference on Families has focused considerable attention on contemporary stresses which families today must face.

Few families, however, face the degree of on-going stress which daily must be confronted by those with a handicapped child. That stress is compounded in a state like Montana where the nearest neighbor may be several miles away, and the closest medical facility may be a drive of several hours. During many months each year those distances must be traveled over poor roads during severe weather.

To whom can the parent of a handicapped child living in a remote rural area of Montana turn for help? A network of private, non-profit corporations scattered throughout the five human services regions provide assistance for these families and children.[1]

Children who are birth to five years of age and are "at risk" – diagnosed risk, biological risk (delays evident without a diagnosis), or environmental risk – may receive help. In addition children who are birth to eighteen years of age and developmentally disabled are also eligible.[2] The emphasis of these organizations is upon early intervention to help prevent or minimize the effects of the handicapping condition.

The Family and Children Services network is comprised of six corporations, each delivering home-based services to a designated area. Each home teacher or trainer travels to the homes of twelve to fiteen children monthly clocking as many as 1,500 miles per month. The home teacher visits each assigned family weekly, bi-weekly or slightly less frequently as the need for services diminishes.

The needs of each child and family are carefully assessed. Coordinating services with other agencies is a major role of the home teacher. Numerous hours may be spent indentifying an appropriate evaluation agency and making arrangements for that evaluation. The parents may need relief from the responsibility of their handicapped child. The home teacher might then help identify a respite care provider to permit the parents some necessary freedom from the intense demands presented by the child.

Families may also need help during crisis periods ranging from the loss of a trusted babysitter to major surgery for their handicapped child. The home teacher is able to serve as a resource for information and to give support to the family.

The ultimate objective of Family and Children Services is to help parents learn to be nurturing and effective teachers of their own children. If parents can develop the necessary teaching skills, a concerned, loving adult has been trained to support their child through the critical childhood and adolescent years. The parents are then in a position to positively impact that child for years or even decades. They are in a position to advocate for appropriate services for their child as the child passes through the educational system and into the work world.

A final role of the home teacher is to provide information to new families seeking services. If appropriate, referral may be made to another agency which can better meet the needs of the child and family. Also parents who have previously been served and have already learned the skills needed to parent and teach their child will contact the agency again to obtain help in dealing with a new problem or crisis. The home teachers are available to help meet these needs.

The family is a pervasive influence in every child's life. With the help of a home teacher, family members can be helped to effectively teach, support and sustain their own handicapped child.

A primary concern of those involved with Family and Children Services is to support the child within that family unit. Its purpose is, in part, to help nurture and encourage the development of the child while strengthening family ties. It is designed to help reduce the stress felt by the family in regard to their handicapped child. With the support of the home teachers in the Montana Family and Children Services network, hopefully fewer children will be institutionalized and fewer families will disintegrate. The child's disabilities can be better understood by the family and family members in turn are able to help the child reach the highest level of independence and productiveness possible.

For further information, contact the nearest non-profit corporation:

Developmental/Educational Assistance Program (DEAP)
P.O. Box 986
Miles City, Montana 59301

Hi Line Home Programs, Inc.
110 Fifth Street South, Room 105
Glasgow, Montana 59230

Region II Child and Family Services
1323 Ninth Ave. South
P.O. Box 6087
Great Falls, Montana 59403

Special Training for Exceptional People (STEP)
1739 Grand Ave.
Billings, Montana 59102

Family Outreach, Inc.
825 Helena Ave.
Helena, Montana 59601

Comprehensive Development Center (CDC)
402 South Fourth West
Missoula, Montana 59801

[1] These projects are funded (in part) under an agreement with the Montana Department of Social and Rehabilitation Services, but any statements contained herein do not necessarily reflect the opinion of the department.

[2] Montana law defines developmental disabilities as "disabilities attributable to mental retardation, cerebral palsy, epilepsy, autism, or any other neurological handicapping conditions closely related to mental retardation . . ."

PARAPROFESSIONAL CERTIFICATION FOR TEACHER OF HANDICAPPED PRESCHOOLERS

Ken Heinlein
Developmental Disabilities Consultant

Certification of Wyoming's preschool teachers is essential if supplemental Title I handicapped funds are to continue. That in itself does not present a problem, since the solution is to hire teachers certified by the State Department of Education in early childhood education. But, in a rural state, handicapped preschool programs rely heavily on paraprofessionals, who cannot receive Department of Education certification. The problem is clear: Either paraprofessionals must become certified or Title I handicapped funds become unavailable. Wyoming, through the Division of Community Programs, certifies qualified paraprofessionals to work in developmental preschools, rather than risk the loss of Title I handicapped funds.

Wyoming's preschool certification system covers four positions: Executive Director, Program Director, Teacher, and Ancillary Personnel. Each position has certain educational or experiential requirements for each of several competency areas. The competency areas for teachers are: 1) curriculum planning skills, 2) Prescriptive planning, 3) Delivery of instruction, 4) Family involvement, 5) a. Handicapping conditions, b. Normal child development, c. Abuse reporting procedures, 6) Communication skills.

The requirements in each competency area can be met by preservice training, inservice training, experience, or some combination of the three. The incorporation of experience into the certification procedures is what allows the paraprofessional, without college course work, to become a certified teacher of handicapped preschoolers. The process it not automatic, however, the applicant must have enough experience in each competency area to meet the requirements. This process assures that paraprofessionals have well-rounded experience prior to becoming certified; it does not, however, assure the quality of that experience.

Due to the subjective nature of experience in the current certification system, the system is being modified to assure more objective and specific criteria of evaluation. The proposed certification system will lean more heavily upon specific preservice educational requirements for initial certification, and inservice training requirements for certificate renewal. It is one thing to decide what is necessary or desirable training for preschool handicapped programs, and another thing, to assure quality teachers.

Wyoming's Handicapped Preschool Education Program (HPEP), run through the University of Wyoming Department of Speech Pathology/Audiology, has done an excellent job of providing inservice training to teachers, administrators, ancillary personnel, and other program staff. Regardless of quality of the programs offered by HPEP, as a single agency, it cannot offer the quantity of courses necessary to bring a person from no college course work to certified preschool teacher. Inservice training is essential for maintenance or upgrading of skills, but cannot be expected to be the sole source of training. The focus for preparation of teachers must be preservice training; skill maintenance needs to be done by inservice training.

Preservice training can be accomplished at either the University of Wyoming or the community colleges in each area. The community colleges offer the best alternative for preservice training since their schedules are flexible and they cater to community needs. The community colleges could offer an Associates degree in preschool education (handicapped and normal), that would provide a good base of preservice training, with those wishing to continue their education beyond that going to the University.

Since the developmental preschool rely heavily on paraprofessionals, alternatives need to be provided to assure quality paraprofessional teachers. Certification of teachers working with handicapped preschoolers is essential. Preservice and inservice training are the keys to quality training, and therefore, to certification. The whole system is intended to make use of available resources, and to provide paraprofessionals the opportunity and incentive to develop their skills. This benefits the paraprofessionals by providing educational opportunities, the preschool centers by improved staff and mostly the children who are taught by qualified paraprofessionals.

WYOMING CHILD FIND

COMMUNITY - BASED PUBLIC AWARENESS

by Liz Steere

In March of 1979, the Wyoming State Department of Education awarded a ten-month Child Find project to the Wyoming Association for Retarded Citizens (WARC). The purpose of the project was to develop a statewide media campaign on Child Find and to mobilize community support for the project. During the remainder of 1979 and throughout 1980 the WARC syntehsized these two purposes to provide Child Find with a strong public awareness program derived from direct community involvement.

During the spring of each project year, the Wyoming Girl Scouts were mobilized in nearly all Wyoming communities. April and May saw the Girl Scouts distributing brochures to local grocery stores, businesses, banks and often to private homes. Special groups of the Scouts displayed posters in prominent locations in their home towns. The Child Find Volunteer Supervisor trained Girl Scout leaders on a regional basis before their Child Find activities began. A series of news articles relating to joint Girl Scout and Child Find activities were sent to newspapers throughout Wyoming. In several locations the Girl Scouts themselves read and recorded prepared Public Service Announcements for local radio stations. To each Girl Scout who completed a handicapped awareness program and participated in the public awareness campaign, a special Child Find patch, created by the Wyoming Girl Scout Council and endorsed by the National Girl Scout Council, was presented.

In the summer of each project year, all of the banks in Wyoming were contacted to help further Child Find community involvement. The banks were asked to insert Child Find information with their monthly statements in late summer and early fall. Each bank was sent a letter of request, a sample of the insert and a stamped reply postcard. The banks that volunteered to send out the inserts mailed out over 220,000 inserts, which will reach nearly one-half of Wyoming's population.

Each fall, the University of Wyoming Cowboy Football team has volunteered to support Child Find. Their support of the project has lead to team and individual publicity pictures with Charlie Childfind, the Wyoming Child Find symbol and a short series of news articles with the team "kicking-off" Child Find Week, "blocking" barriers to handicapped education and not leaving handicapped children "on the bench." A set of radio Public Service Announcements were recorded by the team's coach and various team members who reside in Wyoming. The Cowboy news articles were published more often than any other Child Find articles and the P.S.A.'s received a large amount of air time in the communities where team members resided.

The regular methods of publicity were also used to promote Child Find; video/taped Public Service Announcements were sent to Wyoming's television stations and recorded P.S.A. messages were sent to all radio stations. An on-going effort was made to release at least one monthly Child Find newsarticle to all Wyoming newspapers. Using these proven methods of communication along with community involved public awareness activities, the project staff feels it has achieved a community commitment to Child Find that will endure when the project grant is over.

CURRENT EARLY CHILDHOOD PROGRAMS

THE LEARNING CENTER

Mary Ann Hanson, Director
P.O. Box 2220
Jackson, Wyoming 83001

Goals

The Learning Center is a private non-profit preschool program which provides services to developmentally disabled and handicapped infants and young children ages birth to five, and their families. The Center currently serves Region IV, which includes Teton and Sublette Counties.

The goals of the Center are:

- To identify infants and young children who are developmentally disabled and handicapped and are at risk for future learning, social, and self-support problems.
- To intervene as early as possible in order to prevent children's problems from continuing, or to minimize their risk status, to increase their learning potential, and therefore increase their potential as self-fulfilled, contributing citizens.
- To provide support services to their families.

Services

The Center works toward the achievement of these goals through the provision of the following services:

1. Evaluation and Diagnosis
2. Special Education
3. Speech & Language Therapy
4. Occupational Therapy
5. Infant Education
6. Referral and Follow-Up
7. Family participation
8. Therapeutic Swim Program
9. Screening (vision, hearing, speech, language, & developmental)
10. Outreach services

Service Delivery Alternatives

The Learning Center offers a variety of service delivery alternatives to children and their families. Center-based services are available in two communities in the region. Home-based services are available throughout the Region. The Center also contracts with an existing preschool to provide services in one community.

One local school district contracts with the Center to serve certain Kindergarten age children who have been determined to continue to need a preschool level program. These children are carefully "transitioned" into kindergarten by the end of the school year.

Infants are seen at home and/or at the Center. They generally make a transition into a Center-based program between 18 and 24 months.

Families are included as an integral part of each infant or child's program. Family participation is individualized according to each families' need and ability to participate.

Special Projects

This year The Learning Center is replicating the Communication Program, which is a nationally validated preschool for children with communication disorders. It is part of the Experimental Education Unit, Child Development and Mental Retardation Center, University of Washington. It is directed by Jane Rieke; she and her staff have developed special strategies and teaming approaches for helping children develop communication and language skills. The Learning Center is in the process of implementing these strategies and approaches.

Two swim instructors who have been with the Center for several years, received a Title VI-B grant to develop a model for teaching swimming to handicapped children. They will be conducting training at various sites in Wyoming this year.

EARLY CHILDHOOD INTERVENTION PROGRAM — BILLINGS PUBLIC SCHOOLS

Wilma Nickoloff

School District #2, Billings, Montana, recognizes that early identification and entry into a program designed to assist parents of handicapped children is vital in establishing an effective manner in dealing with their child during the crucial stages of development.

Recent research has indicated that early experience and opportunities are important for all children born with handicaps or developmental delays.

The Early Childhood Intervention Program began in School District #2 in June of 1973, and is currently funded through a contract with the Department of Developmental Disabilities and serves those children who exhibit developmental delays between the ages of birth and three years.

Children may be referred by physicians, public health nurses, parents, case workers or other agencies. A Denver Developmental Screening Test is administered by an assigned public health nurse to identify specific delays in one of more of the following areas: speech and language, cognitive, fine motor, gross motor and social-self help skills. Assessment and design of an individual program is accomplished by a certified teacher, parents, and other professionals such as Occupational Therapist, Physical Therapist, Speech Therapist, Audiologist and/or Psychologist, based upon the child's individual needs.

The focus is on the development of emotionally stable, confident, and competent families who can provide a supportive learning environment for the very young child in his home. The parent is the primary dispenser of the program with the home intervention teacher acting as a consultant, providing suggestions, encouragement, materials and equipment. A sustained program of parent guidance and eduction is an integral component of each family-oriented education model which addresses to all facets of child growth and development through parent-teacher cooperation.

Keeping in mind the emotional stress that parents of handicapped children live with, it is our philosophy that:

1. Parents should be educated about the nature of their child's disability. A great deal of time should be spent in helping parents to understand the medical, psychological and educational implications of the disability. If parents have a complete, objective picture of the problem and what it means, they should be able to approach educational goals for their child in an objective manner.
2. Parents should first be approached with the positive aspects of their child's development. The successes and abilities of the child, no matter how small the increment should be called to the parent's attention and ways in which these skills can be utilized should be emphasized. Once a parent begins to see his child and his capabilities, a more positive approach can be taken in parent-child interraction and educational carry-over.
3. Parents need to be taught what to observe and what constitutes success with each developmental task. It is extremely important that any observable tasks and improvements are recorded; therefore, these should be written out simply so parents can know what to look for and chart.
4. Parents can be trained to be effective change-agents for their child's behavios utilizing the following steps:
    a. Teacher model task with the child
    b. Parent perform task with the child
    c. Teacher and parent discuss activity
    d. Parent repeat the task with the child.

    It is extremely important for the teacher to ask the parent for his reactions and give positive reinforcement rather than criticism.
5. It is important that parents understand why each task is being taught and why a particular task is a prerequisite to the next stage of development.
6. The teacher should understand the family structure and routine in order to be fully cognizant of how to guide parent involvement. Some families find it very difficult to set aside a specific work time. Therefore, it would be wise if the teacher were to guide the parents in ways to stimulate their child during the regular family routine.

As a child nears three years of age, he attends the pre-school program at McKinley School regularly on Fridays. This gradual phasing out of the ECI program and into pre-school helps the child and his parents become comfortable with the new setting and personnel.

RESEARCH IN FOCUS

Roke, Edward J. and Marcus, Robert F., "Parent Variables in Young Children's Cooperative Behavior", paper presented at the Biennial Southeastern Conference on Human Development, Alexandria, VA, April 1980.

ERIC Document #ED 184722

In this study it was hypothesized that both parental affection and the emphasizing of the feelings, thoughts, and intentions of others in discipline techniques are related to young children's cooperativeness. The researchers measured the cooperative behavior of 31 young children (mean age of 5 years) by both naturalistic observation and behavior ratings. In addition, parents were interviewed and responded to five childrearing situations and a questionnaire. Results of the study indicate that while mothers' discipline was unrelated to observed or rated cooperation, fathers' discipline tended to be positively related to daughters' cooperativeness and negatively related to sons'. Additionally, fathers' affection tended to be related to sons' cooperativeness and mothers' affection to daughters' cooperativeness. In analyzing the data, researchers discussed the possibility that simply giving a child warmth, support and affection, even in fairly large amounts does not necessarily ensure that the child will become cooperative. A study by Mussen and Eisenberg-Berg in 1977 suggests that nurturance is most effective when it is part of a pattern of child-rearing that prominantly features the modeling of prosocial acts.

Abdin, R.R., "The Parenting Stress Index-Clinical Trials," paper presented at the Annual Meeting of the American Psychological Association, New York, Sept. 1979.

ERIC Document #ED 185093

The Parenting Stress Index (PSI) is a clinical and research self-report instrument designed to identify mother-child symptoms which are under stress and to indicate the sources of stress. Three major source domains of stressors are identified as: 1) child characteristics 2) mother characteristics and 3) situational/demographic characteristics. The staff of the Parent Research Project of the University of Virginia has been working on the PSI for 3 years, but recognizes that the instrument is still in a development phase. However, the PSI shows strong potential as both a screening and diagnostic instrument. It is based on the research literature in child development, parent functioning, and stress. The normative sample for the PSI consisted of 470 mothers with at least one child under the age of three. Norms and factor analysis for this sample are reported. Reliability coefficients and some preliminary findings on the PSI's validity are reported.

Possible problems with the PSI are discussed and clinical benefits are suggested.

One of the benefits of the PSI is that it enables a home visitor to discuss the profile of the PSI with mothers and thereby cue mothers in as to the sources of stress in their relationship with their children. For example, if a high score is earned because of a number of items checked in the Child Domain, then the home visitor is alerted to the need to focus on mother's management and perception of the child as a starting point. The authors noted that their clinical experiences do indicate the existence of "Super Moms" and "Fragile Moms."

Educators Newsletter, October, 1980

Special Education expert Dr. Stanley Sherry doesn't think children who need special education should be labeled. He feels it may do them more harm than good.

Since 1975, the federal government has required public schools to meet the needs of all kinds of handicapped children so they are diagnosed, labeled and given special attention in regular classrooms or special classes. But children who fall into the mildly handicapped range such as the learning disabled, educably retarded and emotionally disturbed could be exposed to special teaching without having to bear harmful labels.

To test his theory, Sherry began a year-long study of fifth-graders. The study is being paid for by a $102,000 National Institute of Education grant. He will be determining if there are differences in behavior, academic achievement, learning styles, personality and IQ among children who fall within the three mildly handicapped groups. Then he will compare them to normal children who are not meeting their potential.

RESOURCES IN PERSPECTIVE

AUDIO VISUAL

Project Sunrise Outreach will have the following materials available on loan after January 15, 1981.

1) "Scoring of HOME Inventory" is a 30 minute videotape of a simulated home visit conducted by a Project Sunrise staff member. The purpose of this film is to demonstrate questioning and observation techniques for home visitors and/or others using the Home Observation for Measurement of the Environment (HOME). (See *Screening* for a description of HOME.)

2) "Starting at the Beginning" is a slide/tape program produced by WESTAR and TADS that provides an update on, and support for, early education for young exceptional children and their families. This informative program would be valuable for state legislators, state agency personnel (education, mental health, D.D., etc.) and community leaders concerned with services for young children. Project Sunrise will provide a loan copy of this program, or it may be ordered directly from Handicapped Learners Materials Distribution Center, Indiana University, Audio Visual Center, Bloomington, IN 47405 (812) 337-1511. There is no rental fee from either agency.

For further information regarding these materials, please feel free to contact Project Sunrise Outreach, Eastern Montana College, Billings, Montana 59101 (406) 657-2250.

SCREENING

Home Observation for Measurement of the Environment

by Bettye Caldwell

University of Arkansas, Little Rock, 1978

The HOME Inventory (Home Observation for Measurement of the Environment) is a standardized screening instrument designed to measure a child's early developmental enviroment.* The following environmental factors have proven to be vital in a child's behavioral development and are included in the HOME Inventory: frequency and stability of adult contact, amount of developmental and vocal stimulation, need gratification, emotional climate, avoidance of restriction on motor and exploratory behavior, available play materials, and home characteristics indicative of parental concern with achievement. An assessment of these factors will expedite early identification of children at risk for later school problems.

The HOME Inventory has two forms; the Infant and Toddler version (Birth to 3 years) which contains 45 items, and the Preschool Inventory with 55 items. Both are administered in the child's home and require approximately one hour to complete.

Included in the manual are general instructions for the interviewer, a detailed discussion of each individual inventory item, and supportive data for the inventory.

*Based on items that represent stimulation and support for a child rather than money, social status, or education.

Available from:
Child Development Research Unit
University of Arkansas at Little Rock
33rd and University Avenue
Little Rock, Arkansas 72204 (501) 569-3115
Price: $12.00

TRAINING PROGRAMS FOR HEALTH AND HUMAN SERVICE PROVIDERS

Video Instruction Program (VIP), John F. Kennedy Child Development Center, University of Colorado Health Sciences Center

The JFK Center under the direction of William K. Frankenburg, M.D. has developed a series of comprehensive training programs composed of lessons, texts, manuals and tutored videotapes which are designed to augment the knowledge and skills of professionals who directly serve young handicapped children and their families. The goals of these programs, minimizing and/or preventing developmental delays and helping handicapped children reach their full potential, are to be achieved by:

- Helping health care providers identify children likely to have delays
- Enabling physicians to diagnose handicaps in children under age six
- Teaching psychologist techniques for assessing these young children
- Training speech and language pathologists to evalute special children and provide needed therapy
- Helping social workers and other human service workers improve family functioning
- Assisting human service professionals in recruiting and training foster and adoptive parents
- Teaching non-dental professionals basic dental screening and referral skills

These VIP training lessons have been extensively field tested, evaluated, and successfully used throughout the United States in programs such as Child Find, MCH-Crippled Children, EPSDT, Head Start, State Departments of Education, and others.

A catalogue describing the content of individual lessons and the printed manuals and texts which accompany them; running times for video-tapes, films, and slide-tapes; the audience for whom they are useful; and how they can be obtained is available for $2.00 postage and handling fee. Questions and/or inquiries regarding VIP are welcome and may be made to the VIP Coordinator. A catalogue describing Screening Skills may be obtained at no charge from: Video Instruction Programs, JFK Child Development Center, University of Colorado, Health Sciences Center, 4200 E. Ninth Ave., C234, Denver, CO, 80262. Phone: (303) 394-8251

Nancy Yonkee

CURRICULUM

The following set of three books concerned with nutrition and the pre-schooler is available from:

Mailing Room 7, Research Park
Cornell University
Ithica, N.Y. 14853
price: $20.00

1. *Nutrition Activities: Preschoolers and Parents* by Jill Randell and Christine Olson

   This activity book contains ditto masters of information sheets, recipes, and activity sheets to be given to parents of preschool children. This book was developed as a component of another book, "Educator's Guide: Food Experiences for Young Children," to bring the classroom experiences into the home. It is intended to give parents some background information on the why and how of developing good eating habits and to foster interaction between parents and children. The ditto masters can be duplicated and sent home with the children or they can be used as handouts during parent workshops.
2. *Early Childhood Educator's Nutrition Handbook* by Christine Olson and others

   This nutrition handbook is designed to provide enough information on nutrition and food habits to enable early childhood educators to add a nutrition dimension to children's learning activities. Topics covered are the role of nutrition in growth during the preschool years; nutrients and their functions; selecting a healthy diet; common nutritional problems of young chilren; prevention of atherosclerosis and hypertension through good nutrition; food facts and fallacies; influences on food habits; the eating behavior of preschool children; the educator's role in developing good food habits; and nutrition education in preschool centers. Included in the appendices are national health statistics on growth standards, a list of the sources and functions of important nutrients, and recommended dietary allowances of the major nutrients.
3. *Educators Guide: Food Experience for Young Children,* by Jill Randell and others

   The purpose of the materials and experiences presented in this guide is to help preschool aged children develop healthful food habits through food and nutrition activities. Many of the materials may be familiar, but some original suggestions have been developed in response to contemporary nutritional issues, particularly television advertising and sugar. A wide variety of experiences have been included so teachers can select those most appropriate for children three and four years old. The guide contains many ideas for involving parents. Activities are presented in four sections: Delicious Discoveries; Food for a Healthy You; Sweets Can Turn You Sour; and Television Tells It Like It Isn't. Each section represents one or more nutritional goals considered important by nutritionists, teachers, day care providers, and parents. Each section contains an overview followed by a statement of nutritional goals, a child-oriented planning chart, activities, and ideas for evaluation. The nutritional goals will not all apply to all children at any one time. The planning chart allows the teacher to select units in terms of several learner characteristics. Suggestions for involving parents is the last component within each of the activity sections. The evaluation section contains suggested techniques for assessing the nutrition outcome. Additional sections list some nutritious recipes and snack ideas, resources, songs, puppet shows, and stories. Sample forms for planning additional activities and evaluation are included in the appendix.

CURRICULUM

Small Wonder, Merle B. Karnes, Ed.D., Institute for Child Behavior and Development, University of Illinois

The old adage that large things often come in small packages certainly holds true for *Small Wonder.* The entire program of over 300 activities and materials designed to encourage physical, intellectual, and emotional growth as well as language development during a baby's first 18 months is conveniently arranged in 6"x10"x8" box. The format, which is both functional and attractive, includes 150 activity cards, an individual activity diary, 64 picture cards with stories and ideas, a versatile Look Book, hand puppet, and user's guide.

Small Wonder, which emphasizes quality rather than quantity of time spent with the baby, is designed for use by parents, caregivers, teachers, and therapists in a variety of settings:

- at home
- daycare centers and nursery schools
- parent-infant programs
- high school and college child development classes
- special programs for handicapped children

Even though *Small Wonder* is specifically designed for use during a baby's first 18 months, it may be successfully used up to three years of age, or in some cases longer, for handicapped and developmentally delayed children. The user's guide not only explains the use of *Small Wonders* materials, but serves as an excellent resource by providing information and/or suggestions regarding infant safety and nutrition, ways to play with and teach a baby, how babies learn to comprehend and speak words, special advice to professional caregivers and to parents of children with special needs, and normal stages of infant development with guidelines for each stage. Appendixes include a list of aspects of infant development covered by the program, an index of activities, and a helpful bibliography.

This reviewer feels that Dr. Karnes has made a significant contribution to the field of infant education and development with *Small Wonder.*

Available from: American Guidance Service Cost: $65.00
Circle Pines, MN 55014

SYMPOSIUM

The Second Annual Montana Symposium on Early Education and the Exceptional Child, sponsored by Project Sunrise Outreach and the Eastern Montana School of Extended Studies and Community Service, is scheduled for April 1-3, 1981 at the Northern Hotel, Billings, Montana.

Three nationally recognized leaders in the field of early/special education, Merle Karnes, Bud Fredericks and Norris Haring, will keynote an agenda geared toward accomplishment of the following goals:

1. To increase participants knowledge of intervention strategies with young handicapped children (birth-8 years).
2. To stimulate interest and support for early intervention.
3. To provide participants the opportunity to share resources and ideas with other professionals in the field.

Dr. Norris Haring, University of Washington, noted authority on the Severely/Profoundly Handicapped, will deliver a keynote address "How to Tell Who You are Teaching without a Label" and a sectional, entitled "Teaching Strategies for the Behaviorly Disordered." Dr. Merle Karnes, University of Illinois, a leader in infant education and language development will address the subject of "Successful Program Planning: Child Assessment, Parent Involvement and Educational Strategies" in her keynote presentation. Dr. Bud Fredericks, Associate Director of Teaching Research, Monmouth, OR and a renowned authority concerning severely and profoundly handicapped children will present two keynote addresses "Early Childhood: The Yellow Brick Road-Does It Lead to Oz or Abyss?" and "The Country Child: Who Serves Them and How?" His sectional presentation will be entitled "The Differences in Success and Failure with the Severely Handicapped".

In addition to the keynote speaker's presentations, the symposium will include a variety of concurrent sectionals, films, a noon luncheon with Paul Crellin, M.D., Billings, MT, as the featured speaker, and other resources of interest to all persons concerned with early/special education. Also included will be a Proceedings

Document, which is to be published following the symposium.

One credit, either graduate level or undergraduate level, is available for an additional $20.00 credit fee through the Institute for Habilitative Services at Eastern Montana College. Applicants must meet admission requirements of Eastern Montana College. For further information, contact Kay Walker, Project Sunrise Outreach, Institute for Habilitative Services, Eastern Montana College, Billings, Montana 59101 (406) 657-2250.

COURSE OFFERINGS

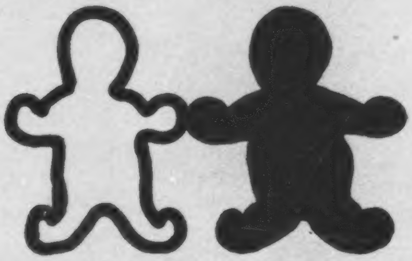
The following courses will be offered by Eastern Montana College via the E.T.S. (Education Telecommunication System) winter quarter, 1981. For further information, please contact: School of Extended Studies, McMullen Hall, Room 208, Eastern Montana College, Billings, MT 59101, (406) 657-2287. Please indicate in your letter or phone call that you are interested in an E.T.S. class.

HaSv 453 (G) *Preschool Education for Handicapped,* 3 credits, Instructor, Kay P. Walker.

Course Description: This course is designed to orient students to the unique needs of young handicapped children (3-5 years). The class will include the development of a personal rationale/philosophy for early intervention, development of specific teaching techniques, program planning techniques, identification of the exceptional child, and promote an understanding of current state and federal mandates regulating preschool education. It is offered for graduate credit also.

ED 492 (G) *Education for the Gifted Child,* 3 credits, Instructor, Bev Cuthbertson, Ed. D.

Course Description: This course will explore the concept of gifted, talented, and creative within an historical perspective. It will focus on the development of teaching strategies for a variety of curriculum programs.



PROJECT SUNRISE
Contractual Services

The following services are offered through PROJECT SUNRISE on a contractual basis:

1. Technical assistance in the development and implementation or early childhood special education programs.
2. Workshops designed to meet the needs of educators, Head Start staff, and others working with young handicapped children and their families.
3. Training district/cooperative screening teams to implement a comprehensive community screening using the *Comprehensive Identification Process* (CIP) for children 2½ years - 5½ years and the *Denver Developmental Screening Test* for children age birth - 2½ years.

For further information contact Project Sunrise at (406) 657-2250 or write:

Project Sunrise
Institute for Habilitative Services
Eastern Montana College
Billings, Montana 59101

WANTED: A cost effective, field-tested early intervention program for young (0-6 years) handicapped children and their families designed especially for rural areas.

If any, or all, of the above criteria described your district's/agency's needs – replication of the Project Sunrise Model may very well be your solution. Model replication utilizes existing staff expertise and support services currently in place to provide delivery of home-based services. A competency based staff training program is an integral part of replication and of the Sunrise Model.

Technical assistance is provided and limited amounts of financial assistance may be available for replication activities and are negotiated independently with each replication site. For further information, contact: Kay Walker, Coordinator, Project Sunrise Outreach, Eastern Montana College, Billings, Montana 59101.

LOOKING FOR FUN

Here is a song that has two purposes – to both relax and learn body parts.

Relaxer Song (to tune of "Mary Had a Little Lamb")
We touch our head and then our toes,
Touch our head and then our toes.
We touch our head and then our toes,
Our hands go clap, clap, clap!
We touch our nose and then our toes,
Touch our nose and then our toes,
We touch our nose and then our toes,
Our feet go stamp, stamp, stamp!
We touch our ears and then our toes,
Touch our ears and then our toes,
Then turn around and come right back!

Lynn Klaber

No Bake Cookies

Ingredients: ½ cup Karo Syrup
½ cup Peanut Butter
3 cups Rice Krispies

Method: Mix ingredients in bowl. Drop onto wax paper by spoonfuls and allow to set. (will set sooner if refrigerated.)

Lynn Klaber

The Smell-It-What-Is-It? Game

Materials: An assortment of food items with distinctive odors which children will find familiar, such as:

Pepermints	Mustard	Chocolate
White Bread	Pepper	Catsup
Cinnamon	Bologna	

Blindfolds for Everyone

Method: Pass one item at a time to blindfolded children asking them to guess its name. If this seems too difficult, let them look over the items and smell them. Then use the blindfolds and see how well they do.

The Playgroup Handbook, Laura Peabody Broad and Nancy Towner Butterworth

BOLOGNA AND CHEESE ANIMALS

Ingredients: Sliced Bologna
Sliced American Cheese
Day-old Bread

Method: Give each child a slice of bologna, cheese and bread. Set out animal cookie cutters. Allow children to choose shape and cut our their own "sandwich." Serve for snack or lunch.

Lynn Klaber

SILLY PUTTY

2 cups glue
1 cup liquid starch
Food coloring

Mix all ingredients up in a bowl. Squeeze and knead with hands until mixture no longer sticks to fingers. If too sticky, add more liquid starch. Store in covered, air-tight containers. Lasts 2-3 weeks

Mary Trosper

A FUNNY LITTLE SNOWMAN

A funny little snowman
Had a carrot nose (right fist over nose)
Along came a bunny (hop 2 fingers)
And what do you suppose?!? (shrug shoulders)
The hungry little bunny (rub tummy)
Looking for his lunch (hand over eyes, searching)
Ate that little snowman's nose (pretend to take carrot of nose)
Nibble, nibble, crunch! (clap on words)

Mary Trosper

PUBLICATIONS REVIEW

Working with Parents of Handicapped Children, by William Heward, Jill Dardig, and Allison Rossett, Charles E. Merrill Publishing Company, A Bell and Howell Company, Columbus, OH 1979

Working with Parents of Handicapped Children is an informative text for professionals and parents alike. The authors show how teachers and parents can form a partnership and cooperate to help the handicapped child. The text is divided into seven parts, each dealing with different facets of helping parents.

Part one established a parent-professional partnership that becomes the underlying philosophy of the book. Parts two, three, and four deal with the behavior of the child, the principles of behavior change, observing behavior, and behavior management systems for the home. Examples are given with explicit how-to instructions. Part five describes various opportunities parents of exceptional children have to practice the procedures mentioned earlier in the text. This section discusses some of the issues that permeate the lives of families with handicapped children, such as how to deal with grandparents and strangers staring at the handicapped child in public. Part six is concerned with parent education. There are some excellent suggestions given for conducting parent training program. Included in this section is an interesting chapter addressing questions parents often ask about behaviorial strategies. The final section of the book is a resource directory with references designed to refer professionals and parents to a wide range of literature, instructional materials, and organizations which can provide informatation, services, and/or training to parents of handicapped children.

Working with Parents of Handicapped Children does a good job of addressing the issues and problems faced by such parents. Moreover, it offers helpful and practical solutions.

Lynn Klaber

Learning Activities for the Young Preschool Child, by Rita Watrin and Paul Hanly Furfey, D. Van Nostrand Company, Regional Offices, New York and Cincinnati, 1978.

Learning Activities for the Young Preschool Child is an informative, practical how-to book that provides teachers with structured play activities in teaching toddlers from the ages of one through three. It utilizes sound teaching and learning principles, appropriate and inexpensive materials, and a variety of teaching strategies which encourage specific kinds of learning by children at different developmental levels. Also discussed in the book are guidelines for developing and maintaining an emotional climate that frees the child for learning and enjoying each new experience. Additionally, recipes and directions for making simple teaching materials are included.

The book is organized in a practical and easy to use manner. The first three sections serve as a foundation for the 170 model activities that constitute the remainder of the book. These introductory sections contain general principles of child development in early years, appropriate teaching principles and guildelines, and an explanation of the book's structure and use.

Following the introduction are eleven broad learning areas: sensory skills, motor skills, art, music, books, dramatic play and games, puzzles, sorting and ordering, mathematics, science, and trips. Each learning area is preceeded by an explanation of the nature and purpose of the learning activities within the section, as well as important teaching guidelines, procedures, and learning materials.

There is a common format for each of the activities consisting of objectives, materials needed, the lesson itself, additional information on inexpensive materials and specific teaching tips, and suggested follow-up activities for repeating, reinforcing and extending the learning. The lessons are classified according to the developmental levels of young children (as defined in the first chapter) and are ordered from less difficult to more difficult.

Lynn Klaber

Harris, Larry E., *Lobbying and You: Tools and Techniques to Help You Become a More Effective Citizen and Lobbyist*, Another Opinion, 1978.

Lobbying and You is a short booklet that was written in the hope it will help those who are interested in change in our country to do a more effective job as citizens and lobbyists. A basic premise of the booklet is that action by a group or association is more productive and effective than individual action.

Chapters in *Lobbying and You* include information on who lobbies whom, the legislative process, how to get information to your legislator, a resource notebook, local units of government, political activity, and rules and regulations. This informative booklet is a great place to start with the how-tos of influencing the legislature.

Available from: Another Opinion, Inc.
3311 Garfield Str., N.E.
Minneapolis, MN 55418

Price:	$2.50 Individual
	$1.50 Groups and organizations

Lynn Klaber

PREVIEWS

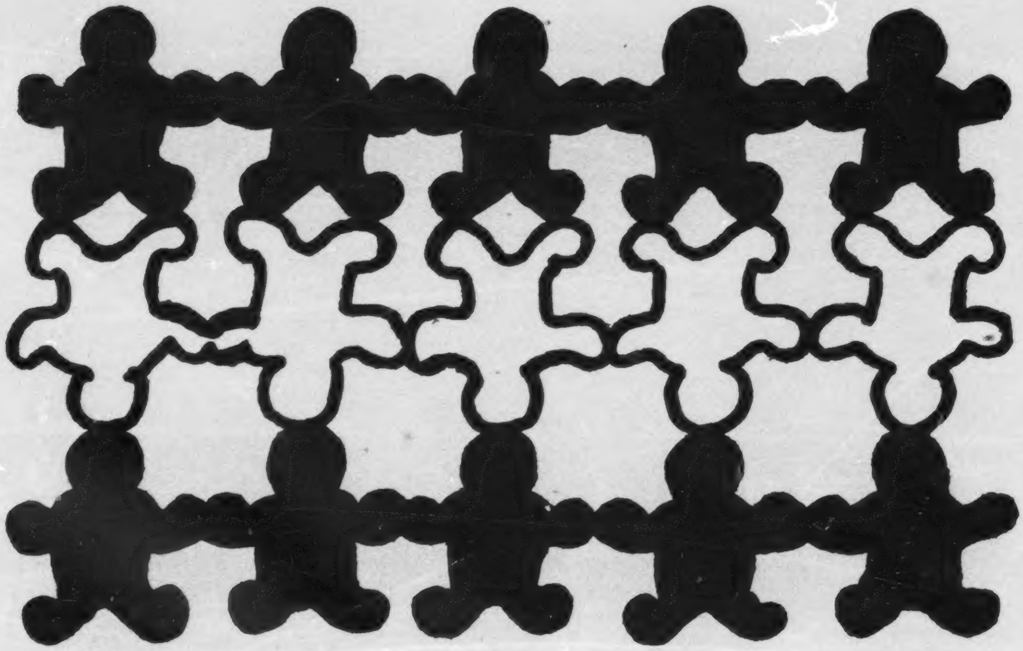
Dec. 12-13	Seminar–Jointly Sponsored by University of Montana and Eastern Montana College, "Development and Breakdown of Fluency Skills in Children". Dr. R. Boehmler, University of Montana	Eastern Montana College Spec. Ed. 209
Jan. 9	Seminar–Jointly Sponsored by University of Montana and Eastern Montana College, "The Language Acquisition Process: The Roots of Literature and Reading", Dr. Sandra Rietz, Eastern Montana College	Eastern Montana College Spec. Ed. 209
Jan 19-23	Grantsmanship Center Workshop (Must be pre-registered)	Eastern Montana College Petro West
Jan. 23	Seminar–Continuation of "Development and Breakdown of Fluency Skills in Children" with Dr. R. Boehmler	Eastern Montana College Spec Ed. 209
Jan. 23-24	Proposal Writing Workshop Jon Guthrie	Location to be Announced For information call Grants Assistance Office (406) 657-2337
Feb. 18-21	18th Annual Association of Children with Learning Disabilities National Convention, "Coming of Age" Dr. William Cruickshank-Keynote Speaker (For further details: ACLD 1981 Conference Suite G-14, 2779 Clairmont Rd., N.E. Atlanta, Ga. 30329)	Atlanta Hilton Atlanta, Georgia
March 10-12	JKF Child Development Center Workshop "Psychological Assessment of Infants and Young Children" (Limited Registration, for further details: Ken Heinlein, Hathaway Bldg, Cheyenne, Wyoming (307) 777-7116	Casper Hilton Casper, Wyoming
Apr. 1-3	Second Annual Montana Symposium on Early Education and the Exceptional Child	Northern Hotel Billings, Montana
Apr. 7-9	JKF Child Development Center Workshop "Psychological Assessment of Infants of Young Children" (Limited Registration for further details: Ken Heinlein, Hathaway Bldg, Cheyenne, Wyoming (307) 777-7116	Sheridan Center Inn Sheridan, Wyoming
Apr. 12-17	59th Annual Council for Exceptional Children–International Convention	New York, New York
May 8-9	Seminar–Jointly Sponsored by Univesity of Montana and Eastern Montana College-Language Assessment and Intervention With Older Children", Dr. Lynda Miller, University of Montana	Eastern Montana College Spec. Ed. 209

project sunrise

EASTERN
MONTANA COLLEGE

Views

An Early Childhood Special Education Newsletter



A PROJECT SUNRISE OUTREACH PUBLICATION

BILLINGS, MONTANA SPRING 1981 VOLUME 1 NUMBER 3

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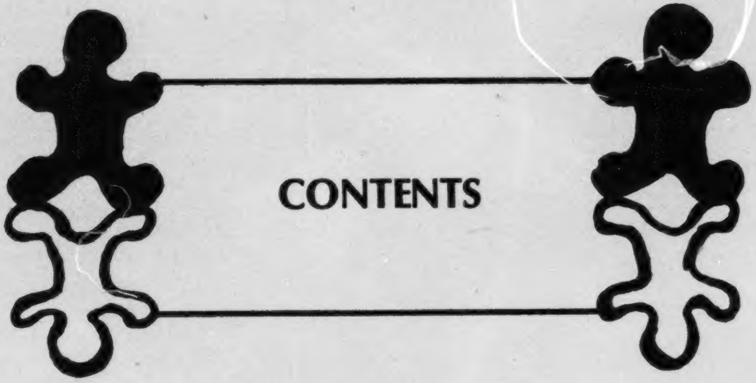
"The aim of education should be to teach children to think, not what to think"

. . . John Dewey



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THE EDITORS' VIEWS

Once upon a time, a student trudged into her classroom an hour late. "Where have you been?" asked the teacher. "I've been on my way to school," replied the student. "Well, then," the teacher said, "Why are you late?" "The wind was so strong that each time I took one step forward, it blew me back two steps," the student answered. "How, then, did you ever get here" demanded the teacher. "Simple," smiled the student, "I just turned around and went backwards."

This simplistic explanation of how to get ahead despite overwhelming setbacks should hold a message for those of us concerned with early childhood special education.

Though "set-backs" have been the rule rather than the exception, steady progress continues to be made in the field of pre-school education for special children. This progress, though rewarding, is demanding and frustrating for the individuals involved. So much so, that stress and burn-out are not uncommon. Because of the prevalence of this phenomena, special attention needs to be directed to the problem. In this issue of **Views,** two articles specifically address stress and burn-out. Hopefully, this emphasis will enable you to establish personal priorities to deal with stress and burn-out before it forces you to take too many frustrating steps backward and eventually leave the teaching profession.

THE LONG RANGE EFFECTS OF EARLY CHILDHOOD EDUCATION ON A DEVELOPMENTALLY DISABLED POPULATION

Dr. Bud Fredericks, Research Professor, Teaching Research
Monmouth, Oregon

Introduction

The Teaching Research Infant and Child Center recently completed a study to determine the long range effects of early childhood education on a developmentally disabled population. The results of part of that study are reported herein - the part that focused on this question: To what extent are the benefits of a preschool experience maintained one or more years following that preschool experience? The ideal approach to provide an answer to that question is through experimental research design. However the use of experimental designs to obtain longitudinal data for the analysis of program impact is costly in both time and financial resources. A viable alternative to long term costs involved with the more controlled research designs is the use of ex post facto research. This is the approach used in this study.

Methods

Beginning in Spring, 1974 and continuing through to the present time, all preschool and school age children in Oregon who were in trainable mentally retarded (TMR) programs funded by the Oregon Mental Health Division had been given, on a pretest-posttest basis, a criterion referenced inventory of skill development. Data which had been collected as a result of administering that instrument over the years had been computerized at the University of Oregon computation center. That instrument, the Student Progress Record (SPR), is composed of 13 subtests: receptive language, expressive language, motor skills, social skills, reading, writing, number concepts, money, time, eating, dressing, personal hygiene, and physical fitness. Annual data were reported for each child in each TMR classroom in Oregon on each of the 13 subtests. Inter-rater and test-retest reliability data on the SPR have been collected over the years using the Oregon State Mental Health Division staff for obtaining reliability coefficients with the individual classroom teachers across the state. Overall reliabilities consistently remained above 90% during the years for both inter-rater and test-retest comparisons.

Oregon, thus, has had continuous data to track TMR children across at least three successive years. Data were, thus, available for children who had completed a preschool experience, as well as for those who had not enrolled in a preschool program. Children chosen for the study were divided into three groups: 1) those who had no preschool, 2) those who had one year of preschool, and 3) those who had two or more years of preschool.

A total of 1276 children enrolled in TMR classrooms in the state of Oregon were administered the SPR. Of these 1276, a total of 151 children between 90 and 145 months of age had been administered the SPR over three consecutive Springs and thus became the subjects for the post hoc analysis of skill acquisition over that three year period. Table 1 shows distribution of children.

Table 1

Distribution of Sample Children Across Years of Preschool and Age Groups

Age Group (in months)	Years of Preschool 0	1	2	Total
90 - 109	22	11	19	52
110 - 127	21	12	17	50
128 - 145	25	12	12	49
TOTALS	68	35	48	151

The level of each child's handicapping condition was indicated by the child's current teacher, based upon formal diagnostic results and/or general level of behavioral functioning. The four areas of handicapping conditions included level or degree of: mental retardation, motor dysfunction, hearing impairment, and visual impairment. The scale on which the teacher rated the children for degree of retardation was similar to the classifitory system used by the American Association of Mental Deficiency (Grossman, 1977): 6 = profound, 5 = severe, 4 = moderate, 3 = mild, 2 = border line, and 1 = none. For the motor, hearing and visual areas the following scale was used for rating: 3 = severe, 2 = mild, and 1 = none.

Table 2 reveals that most of the children were classified as moderately to severely retarded with mild or no additional motor, hearing or visual impairment. The three age groups were not observed to be significantly different from one another on any of the four handicapping conditions.

Table 2

Means and Standard Deviations of Chronological Ages and Handicapping Condition for Age Groups

Age Groups		CA	MR	MD	HI	VI
9-Year-Olds (n=52)	x	103.6	4.365	1.538	1.154	1.019
(Up to 109 mos.)	SD	6.243	.658	.609	.500	.370
10-Year-Olds (n=50)	x	119.8	4.300	1.560	1.340	1.120
(110-127 mos.)	SD	5.566	.931	.760	.479	.328
11-Year-Olds (n=49)	x	133.9	4.429	1.735	1.163	1.122
(128-145 mos.)	SD	3.791	.816	.765	.553	.484

Table 3 presents similar chronological age and handicapping condition data for the 151 children across the no- one- and two-years-of-preschool groups. Again, no significant differences were observed across age or handicapping conditions for the three levels of the preschool factor.

Table 3

Means and Standard Deviations of Chronological Age and Handicapping Conditions for No- and Pre-School Groups

		CA	MR	MD	HI	VI
0 Years (n=68)	x	120.5	4.338	1.809	1.221	1.116
	SD	12.452	.905	.833	.542	.474
1 Years (n=35)	x	118.5	4.543	1.486	1.086	1.029
	SD	15.219	.701	.612	.445	.382
2 Years (N=48)	x	116.5	4.271	1.417	1.313	1.083
	SD	13.618	.707	.539	.512	.279

The 13 individually measured areas of the SPR were consolidated into five composite areas by combining the 13 specific areas into more traditional major curricular areas for the TMR programs. The five curricular areas, with subsumed composite areas, are as follows: social (social); language (receptive language and expressive language); academics (number concepts, money, reading, writing, and time); self-help (eating, dressing and personal hygiene); motor (gross and fine). The results from the five major curricular areas were then available for analysis across three successive years of SPR administration Spring, 1975, Spring 1976 and Spring 1977 (T_1, T_2 and T_3 respectively).

Results

Social. There were no significant differences in socialization scores between non-preschool and preschool groups. As measured by the SPR, then, whether a child was enrolled in a preschool program or not, had little measured effect on that child's level of socialization skills.

Figure 1 presents the plotted cell means for the social scores over the three Spring administrations (T_1, T_2 and T_3) of the SPR. It is interesting to note that over the three consecutive years for which SPR data were available, there is a tendency although not significantly so (p. = .07 for combined scores) for those children who were enrolled in a preschool program for two years or more to score consistently higher than both the 0- and 1-year-of-preschool groups. Moreover, those differences tend to increase the longer these children have been in school age programs.

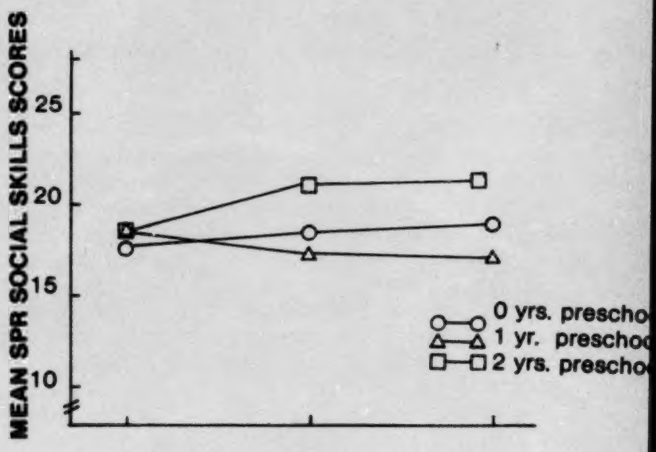


Figure 1.
Mean social scores for preschool across time.

Language. Measurement of language scores over time indicated significant differences (P = .02) between those with two or more years of preschool and those with no preschool. The differences in language scores were not significant (p. = .09) between those with no preschool and those with one year of preschool. See Figure 2.

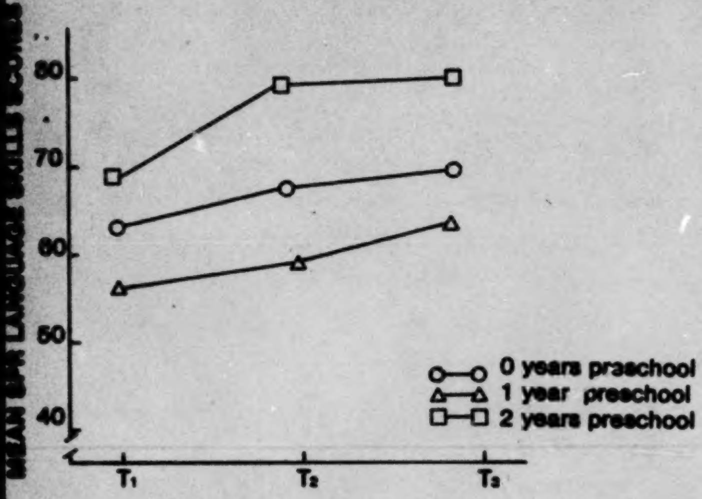


Figure 2.
Language Scores Over Time

Academics. Measurement of academic skill scores over time, considering combined scores, indicate differences (.03) between those with two years of preschool and those with no preschool year. There were no significant differences between those with one year of preschool and those with no years of preschool. See Figure 3.

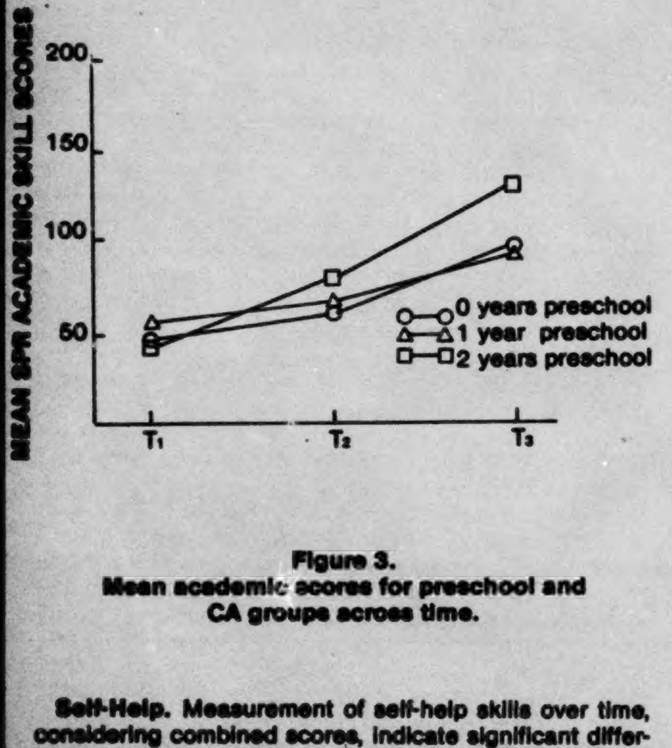


Figure 3.
Mean academic scores for preschool and CA groups across time.

Self-Help. Measurement of self-help skills over time, considering combined scores, indicate significant differences (.01) between those with two years of preschool and those with one or no years of preschool. There were no significant differences between those with one year of preschool and those with no preschool. See Figure 4.

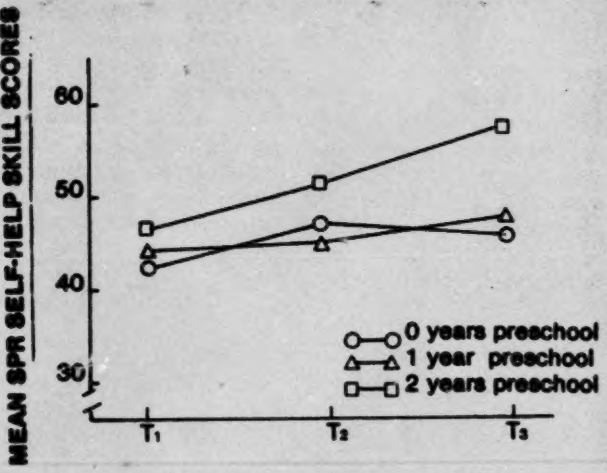


Figure 4.
Self-help over time.

Motor. Measurement of motor skills over time, considering combined scores, indicate significant differences (.03) between those with two years of preschool and those with no preschool. The difference between those with one year of preschool and those with no years of preschool is non-significant (p = .20) See Figure 5.

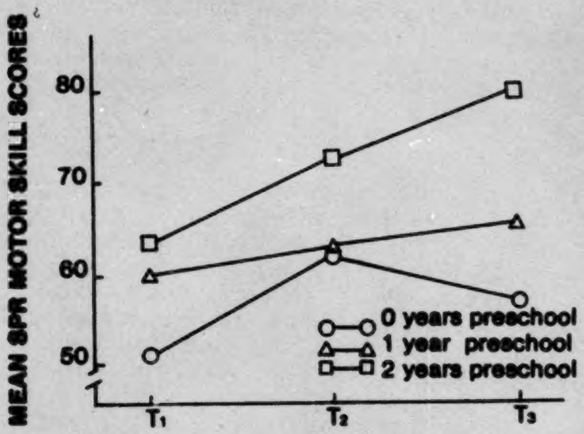


Figure 5.
Mean motor scores for preschool and CA groups across time.

Another factor needs to be considered when examinin these data; a factor that may indicate that the data an conservative. A survey was conducted of every schoo district which contained TMR classes. Eighty-eight per cent of the school districts containing such classe responded to a questionnaire. They were asked to identif TMR children who had been moved from TMR classes i the past four years to other programs such as resourc centers, EMR classes or regular classes. They were furthe asked to indicate the number of years of preschool edu cation which the transferred child had. One hundred thirty one children were so identified. All but 11 had had at leas one year of preschool experience. Ninety-four of th children had two or more years of preschool. Cons quently, the higher functioning children graduating from preschool developmental disabilities programs and into less restrictive environments are likely removing the higher functioning children from the preschool experienced samples. Thus, the overall degree of differential performance of the children who have had the preschool, compared to those with no preschool experience, is surely reduced. Had the children who had previously been in a preschool program and then placed in a less restrictive educational environment, also been administered the SPR while in those less restrictive environments, differences reported in the current study may have been more pronounced. This study suffers because of that lack of data.

Taken collectively, the results for the five curricular areas (social, language, academic, self-help, and motor) support the contention that a preschool experience does influence skill development, and that the results of that preschool experience are maintained over time. Those children who had been enrolled in a preschool program for two years performed significantly better than children not enrolled in preschool in the academic areas of language, academics, self-help, and motor. Although not significant, the same trend was noted in the social curricular area. The same types of differences were not demonstrated between those who attended preschool for one year and those who did not attend preschool.

"BURNOUT" TEACHERS AND PARENTS

Dr. Michael Hagen,
Eastern Montana College and
Montana University Associated Program
Coordinator, Project Rural

Are you tired, exhausted, stressed, turned off, want to call in sick, unmotivated, bored, irritable, or unsociable? If so, you may be facing a condition of "burnout". This condition can affect teachers in any environment or be caused by a classroom full of children. Recently burnout has focused on teachers of the handicapped and personnel working in rural and remote areas. A second group of individuals, parents, are also affected by this condition.

The cause of burnout cannot be isolated into one factor, but is multiple factors in combination that cause a person to burnout or drop out. Teachers are faced with a number of challenges by parents, principals, superintendents, and boards of education to develop the minds and bodies of each child within the classroom. The blame for burnout cannot be pointed in one direction but must be shared by a number of facilities and personnel.

The initial questions to be asked by each teacher is Why am I a teacher? What do I expect from the education system? Is teaching my career? Given this information the stage is set to predict in some cases who will make education a career and who will burnout. Statistics show that fifty percent of the teachers drop out before 10 years of service. This may be due to other career choices or because of "burnout". Secondly, it has been found that people who enter education do so because they want to teach children, and don't drop out or burnout because they didn't like teaching. It is the combination of a set of factors that causes the teacher to burnout.

Salary has been said to cause teachers to drop out of education; however, money is found only to be a factor for entry level teachers and not necessarily a factor over time. Given the economic conditions, cutbacks on educational programs, less increases in salary coupled with other variables can be found to cause stress, anxiety, and burnout. Also, the teacher feels a responsibility to be creative and develop programs for children, such as field trips, teaching handicapped children to cross the street, shop in stores, and be educated in the normal environment, but becomes hindered by the lack of understanding by the school district when trying to accomplish these tasks. Burnout results when the teacher feels she cannot do the job she was hired to do.

Another factor that is generally discussed is teacher work load. A new teacher is given an equal work load, number of children, etc. as a teacher who has been working for three to five years. Even though the University System graduates each student to be a competent teacher, the real world of work can be significantly different. A new teacher needs to develop materials, review programs, and organize lessons; however, the teacher may not have been taught to effectively organize and develop a learning environment for the children he/she was hired to teach. Secondly, the time and energy needed to accomplish this is enormous.

We as teacher trainers don't like to admit our program may not provide appropriate knowledge skills and expectations for new teachers, but the fact remains, we sometimes don't. The school district; however, expects a competent teacher as good as or better than all other teachers in a particular situation. Multiply this situation with the fact that teachers of the handicapped are usually isolated with children all day, changing diapers, feeding, etc. and have very little adult contact from day to day. Teachers are usually isolated in their classrooms to develop plans for children, curriculum strategies, and long term planning with little contact or assistance from other staff and teachers who are doing the same thing. If a teacher has a free period, it may be taken up by lunch or playground duty and if not, there is very little time for constructive professional interactions.

The environment in which a teacher is located has also been identified as a factor which can cause burnout. If a teacher is isolated in a one room school with seven children ranging from K-8 then having one or two children with handicapping conditions can cause frustration, stress, and exhaustion. In this situation with no school board but the parents of the children within the school providing direction, or lack of it, and no other professional contact the teacher becomes a potential "burnout". These variables combined with the lack of socialization because the school may be isolated fifty to sixty miles from town over rough terrain may cause the teacher to question: why am I a teacher?

For personnel working in rural areas, Glen Casto from Utah State University, has found that recruiting personnel with qualifications and interests and attitudes consistent with the rural lifestyles lessen the likelihood of personnel being dissatisfied and unsuccessful in their position. He has identified seven areas that are critical in determining an employee's strength and needs:

1. acceptance of rural culture
2. rural interests
3. socially appropriate behaviors
4. personnel satisfaction with rural activities
5. knowledge of local history, geography and politics
6. ability to adapt to new, strange, and different conditions
7. local and long distance support systems

Castro has indicated by using these seven variables, candidates can be identified who will never be successful in a particular teaching environment. Secondly, the assessment can also identify those individuals who are "at risk", where additional support measures will need to be developed. Seeing the need to train teachers to work in various rural situations, Western Montana College is now developing programs to train individuals to work specifically in Montana rural schools.

In a study conducted in Tacoma, Washington, teachers identified the following five variables causing the most stress in their profession:

1. managing disruptive behavior
2. talking to parents regarding their problem children
3. maintaining classroom behavior
4. teaching children below average
5. verbal abuse and attack

Parents and "burnout" have also drawn attention as this society provides parents with the notion that children must be entertained and involved every minute of the day. Dr. Kiefaber points out stress comes from having to continue to meet the needs of people requesting help, a process which seems endless. And the person who has to provide the help feels drained, that there is no more to give. With the handicapped especially, there is a continual need to provide help and assistance often from birth to death. As one parent indicated about her son, "I am tired of teaching him at home, tired of fund raising, tired of the total support he needs every time I turn around."

The opportunity for a child in the 80's is tremendous with Little League, bowling, tumbling, Girl Scouts, Boy Scouts, etc. However, often both parents work and yet feel they must indulge their children in all activities if they are to be "good parents," when they cannot they feel guilty and that they are failing as parents. In recent research conducted on burned out parents, several common feelings surfaced:

1. that they are not able to be good parents
2. that children are demanding more than the parents can give
3. that they dislike their children, they are bothersome
4. guilt, which leads to defensiveness which in turn leads to a variety of other problems
5. physical exhaustion

Five stages of burnout have been identified that are generalizable to parents and teachers alike. These five stages are:

1. the **psychological level** when people begin to feel tired, drained, and may develop physical ailments.

2. the **social level** when people become irritable, difficult to deal with. At this point individuals may begin to avoid people, not wanting social interaction.

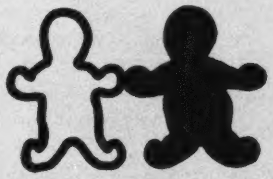
3. the **intellectual level** when the burnout starts to affect the mind, the person is tired of thinking, sometimes, it begins to show up in difficulty of concentration.

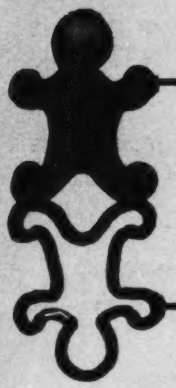
4. the **psycho-emotional level** where the person begins to perceive himself/herself as always meeting someone else's need. Another symptom is a strong desire to be alone.

5. the **introspective level** where the person begins to question his own value system. He or she becomes less willing to contribute to others.

A solution that has been discussed centers around setting specific priorities for one's self and each child. A plan needs to be developed by the parent and teacher that allows enough time and energy to carry out the established goals. Secondly, an "energy audit" needs to be conducted by the parent and teacher as each individual has only so much energy.

Though this article deals with a bleaker side of education today, success for individuals in the education system can be found. A teacher and school must establish priorities, select, and retain teachers appropriate for the environment, help parents to understand their roles and limits to teach in various areas, and provide a clear picture describing their role and responsibilities. With these solutions and changes perhaps there would be greater benefits to the children and less parent and teacher burnout.





VIEWPOINTS from the STATES

THE ON-SITE REVIEW: A BLENDING OF COMPLIANCE AND CONSULTATION

Ken B. Heinlein,
Developmental Disabilities Consultant
Wyoming Department of Health & Social Services

Wyoming statute requires that the Office of Developmental Disabilities performs an annual on-site review of each regional preschool program. The on-site review serves two purposes: First, it assures that the programs are in compliance with state statutes, rules and regulations; second, the review also provides the opportunity for technical assistance and consultation. The successful blending of the two ostensibly contradictory roles makes for a dynamic and educational review. The danger is in the over emphasis of one function to the detriment of the other.

The developmental disability preschool standards were adopted in December of 1979. Full compliance with the standards is a requirement to receive a regional preschool contract. Compliance assures that the quality of services is in keeping with the intent of the law. The standards cover a broad array of issues from qualifications of staff to requirement of the physical environment. Some of the standards, such as the temperature limit for the hot water faucets to prevent a child from scalding himself, are quite specific; others, such as the appropriateness of the evaluation instruments, are subject to the reviewers discretions.

The on-site review is a five-part process incorporating both current compliance with standards and planning for program changes.

The first section of the review is a systemmatic look at the previous year's review, especially in the areas that were not in compliance with the standards or that were within compliance with the standards, but not working well in the program. This section allows the state to continually monitor the progress of the program and provides directions for technical assistance throughout the year, especially if commonalities appear throughout the state.

The second section of the review deals with Individual Educational Plans (IEP) from case files. A sampling is made of no less than five nor more than ten case files, with particular attention being made to the development of the IEP. The development of the IEP is looked at in its entirety from initial assessment through annual goals, instructional objectives, and progress notes. Attention is paid to how the goals relate to the findings of the initial assessments, and how the instructional objectives coincide with the annual goals. Time is also spent in the classrooms to see if the IEP conforms to the classroom activity. Assessing the activities assures that the IEP process is more than surface compliance but the dynamic useful process it is intended to be.

The third section of the review is concerned with personnel and caseload distribution. Each year's October Title I count produces a different picture of the distribution of handicaps across the region. By incorporating the caseload distribution into the review, it is possible to assure that the program has the appropriate specialists, o.t., p.t., speech therapist, etc., on the staff or contracted to cover the caseload. The Title I information is used in conjunction with the data reported on the State's Management Information System to provide a fairly accurate view of the caseload. This information can be accumulated on a state-wide basis to plan for needed technical assistance or training to several programs at a time.

The final two sections are related. Section four is the results of the program evaluation conducted by each program. The Internal Evaluation Instrument was developed by the Exceptional Child Center in Utah. The instrument provides good information for management planning. Section five covers program goals and objectives derived from the whole review, and especially from section four.

These final two sections allow the state office to step out of the role of compliance officer into a technical assistance role. Programs needing assistance in a particular area can bring this need to the attention of the state office. The accumulated information can be used on a state-wide basis for planning once all twelve reviews have been completed.

The transition from compliance to consultation is easily accomplished provided the reviewers never fully remove themselves from the consultants' role. For every standard with which a program fails to comply, alternatives for remediation can be provided. More importantly than simply offering alternatives for compliance, the alternatives must reflect the needs and capabilities of the individual program. Nothing is gained, and much is lost, by attempting to coerce all programs into the same format for operation. The best services are provided when a local program, operating under local control, responds to local needs. The state's role in this is two-fold: first, to assure compliance with standards; and second, to offer consultative services to assist the program. Both goals can be accomplished without stifling local initiative.

HELP

A NOTE TO OUR READERS

We hope that you have found our first year's publication of **VIEWS** valuable and informative. During **VIEWS** short period of existence, our circulation has grown from 800 to over 2000 nationally with daily requests for inclusion on our mailing list.

While our circulation continues to expand rapidly, production costs have spiraled at an even greater rate. With these ever-increasing costs, it is unlikely the publication of **VIEWS** can continue without financial assistance during the 1981-82 school year. We are, therefore, requesting that our readers complete and return to our office the following questionaire.

WOULD YOU, AS AN INDIVIDUAL, OR YOUR AGENCY BE WILLING TO SUBSCRIBE TO VIEWS FOR A NOMINAL $5.00 ANNUAL (4 ISSUES) SUBSCRIPTION FEE?

YES__________ **NO**__________

Note: Your response to the above question will not obligate you in any way. Send **NO** money now. A subscription form will be distributed to our readership in late summer.

TO MEET THE REQUIREMENTS OF OUR OUTREACH GRANT, WE ARE REQUESTING YOUR ASSISTANCE WITH THE FOLLOWING INFORMATION. (YOUR IMMEDIATE REPLY WOULD BE APPRECIATED.)

1. PLEASE ESTIMATE THE NUMBER OF CHILDREN RECEIVING NEW OR IMPROVED SERVICES AS A RESULT OF INFORMATION IN **VIEWS**. ____________________
2. DO YOU FEEL THAT ARTICLES FOUND IN **VIEWS** ARE RELEVANT TO CURRENT ISSUES CONFRONTING EARLY CHILDHOOD SPECIAL EDUCATION? YES__________ NO__________

PLEASE FOLD, STAPLE AND RETURN TO ADDRESS ON REVERSE SIDE.

COMMENTS FROM COLLEAGUES

IDAHO PUBLIC KINDERGARTENS CHALLENGED

Mary Lou Kinney,
Treasure Valley Association for Education of Young Children
Boise, Idaho

Idaho was without public kindergarten classes until 1975 when a hard fought battle finally won state funding for the program. But now, in 1981, the Idaho legislature, facing state financial difficulties, has made up a "hit list" with the approximate $8 million kindergarten program at the top.

As early childhood advocates, we find that once again we have to re-emphasize kindergarten as the foundation of the educational process, not just a "frill" as many of our legislators view it. We again have to lobby for the positive effects of kindergarten programs — the social and readiness skills that are necessary steps to more formal learning. And again we have to explain that it would be unfair if some children had an opportunity to attend private kindergartens while so many children started first grade under the handicap of lack of that experience.

Since young children do not have any political power, in time of crisis their services are the first to be cut. Early childhood advocates are lobbying to make sure priorities for children in Idaho are kept in the forefront and our education does not take a giant step backwards.

WHY INVOLVE PARENTS?

Parents are with their children more often and for longer periods of time than anyone else. The help that you give a parent now can have an effect throughout a child's growing years. Because of this, parents are your most valuable partners in working with children.

When a child is handicapped it is important to understand some of the feelings or reactions of parents in order to work with them more effectively. The feelings and attitudes of parents, their acceptance of the child's condition, the way they act, and the things they say will have a strong influence on the child.

Besides considering the parents' feelings, try to remember that they have other obligations and responsibilities. If you feel that they are neglecting their handicapped child, try to consider the other demands upon their time. Try to understand the parents' situation and be accepting. When parents feel accepted, they are more receptive to counseling and advice given by teachers and caregivers.*

***When You Care for Handicapped Children**
Texas Department of Human Resources

CURRENT EARLY CHILDHOOD PROGRAMS

SOUTHSIDE SPECIAL SERVICES PRESCHOOL PROGRAM

Marc C. Hamilton, Director
St. Maries, Idaho

The Early Childhood Program in St. Maries serves children and families in Benewah, Kootenai, and Shoshone counties. Previous to August, 1980 the pre-school was a satellite program of the Idaho Department of Health and Welfare, in cooperation with the St. Maries School District. In August the school district assumed complete responsibility and extended special education services to three and four year old children.

The pre-school currently serves eight children during two daily sessions. The children range in age from three to six years old. The program emphasizes specialized instruction based on developmental evaluation. The areas of instruction include receptive and expressive language, speech, fine & gross motor training, pre-academic skills, and socialization.

The children enrolled in the pre-school cover the full range of handicapping conditions. The time they spend in program is dependent on their age, the severity of handicap, and in some cases, the distance they must be transported. Currently the program length varies from a maximum of two and one-half hours per day, four days a week, to a minimum of two hours a week. In developing the pre-school program special concern was placed on insuring flexibility in scheduling, based on student need.

In providing pre-school services to a rural area the staff is especially concerned with outreach and homebased programming. The teacher spends one day per week on home visitations. This time is spent providing direct services to children who are unable to attend the pre-school and developing home programs with parents.

The program includes a full-time teacher and consultative services from Southlake Special Services. The special services staff includes a consulting teacher, communication disorders specialist, two psychologists, and physical and occupational therapy services.

Although the emphasis on pre-school handicapped children is somewhat new to St. Maries, the support for such services has been excellent. It is an exciting program that benefits both children and families.

MONTESSORI AND THE SPECIAL CHILD

Marcia Delano-Barfknecht, M.A.,
Multi-Cultural Educ.
Head Montessori Directress
Adm. of New Child Montessori School,
Billings, Montana

In 1896, when Maria Montessori received her degree in medicine, she was Italy's first woman physician. After acheiving some remarkable results working with mentally retarded children, she was given the task of rehabilitating a group of "slum" children in a day care center serving a housing development in a poor section of Rome. For seven years Dr. Montessori was concerned with handicapped children before working with "normal" children.

In search of an appropriate educational program to help these special children in their distress, Montessori rediscovered the works of Jean Itard and Edward Seguin, both of whom had worked extensively educating the mentally retarded. According to her biographer, E. Mortimer Standing, the writings of these men provided the foundation for her new educational method.

In addition to studying the writings of special educators, she traveled widely to study other methodologies being used in the teaching of deaf mutes and other special children throughout the world. This experience enabled her to observe first hand the effectiveness of her own evolving methodology. It is important to emphasize the connection between Dr. Montessori's educational method and those of Itard and Seguin. She combined the sensory education of Itard and the motor training of his disciple Seguin with a recognition of the child's own creativity, spontaneity, and adaptiveness. The program Montessori put into practice was based on the parallels she saw between the disabled child, whose development is arrested and the as yet undeveloped "normal" child.

Teachers dealing with young children with special needs often face what has been termed the "filtering down syndrome". An exceptional child will often have more than one physical handicapping condition. The child may have speech and hearing problems in addition to being mentally retarded. Special educators and researchers are now beginning to recognize that the overall needs of the special child are basically the same as those for all children. These children need, mental, and physical stimuli which will help them find an acceptable and sometimes contributing place in the society they live.

Unlike many educational philosophers, Montessori developed an educational method to implement her philosophy. She was concerned with the child's total development and physical well being. She was interested in the child's diet, exercise, and mental health as well as his cognitive and social development.

Dr. Montessori was very concerned with allowing children with special needs the opportunity to reach their potential by developing activities and materials that allow the child to utilize all of his senses. Her concept of the "prepared environment" is a key component in her method. This environment serves as a nourishing place for the child as it is designed to meet his need for self-construction, to reveal his personality and growth patterns to the teacher. This can happen in an atmosphere of freedom. Freedom is an essential element of interest, ability, knowledge, and the collective interest of the community in which the child functions. The Montessori environment offers the opportunity for movement, motor training, and the provision for order.

The concept of order in the Montessori approach is particularly applicable to the education of the special child. Each activity is made up of a graded series of movements to be performed in logical sequence (task analysis and sequential learning). Each step of an exercise is emphasized and demonstrated in a logical, orderly way. The child is being trained to focus his attention as well as learning to develop efficient motor patterns and orderly movement.

Handicapped children enjoy repetition of activities. Children are allowed long periods of time to work with the materials in a Montessori class. Such encouraged repetition of the materials serve to give confidence and heighten the self-esteem of the exceptional child.

The Montessori system stresses the value of a multi-sensory approach to learning. Within a single exercise the child may gain stimulation in a visual, tactile, and auditory sense. The prepared environment emphasizes learning self-help skills and making one's own choices. Again, these things serve to help the child to become more self-sufficient and to promote feelings of inner satisfaction that he can care for himself. This can be one of the most important lessons that any child can learn.

Dr. Montessori was an advocate of early intervention. A critical key in understanding Montessori is her belief that young children pass through critical learning periods when the need to perform certain tasks is greater than other times. Today we know that her observations were correct because a deaf child who has been treated early has a chance of learning to speak normally, on the other hand, the child's deafness is irreversible if language therapy begins after the child is 4 years old. This suggests that there is a "sensitive period" in language development of children between 0-3 years.

Public Law 94-142 states that all children with special needs between the ages of 3-21 will be provided a free education in the least restrictive setting. Integrating the exceptional child into the regular classroom should appeal to most Montessorians. The philosophy speaks of the values of each individual learning at his own pace. Montessori tells us to respect the uniqueness of every soul and his right not to be categorized. The Montessori method is not a panacea for meeting all the developmental needs of the exceptional child and it may be necessary to change the presentations or find substitutes for some of the Montessori exercises, but the basic framework remains unaltered. We all must work to encourage all children to reach their full potentials.

SCHOOL DISTRICT PRE-SCHOOL FOR HANDICAPPED CHILDREN

Diane Galloway,
Special Education Director,
School District #33, Montpelier, Idaho

The Bear Lake School District operates a program for identified handicapped pre-school children. The program is funded through Title VI-B. A full-time teacher and a half-time aide serve nine center-based and three home-bound children.

The program grew out of a need to provide better and consistent services to pre-school children. Our county is very rural and many travel hours are involved to obtain services from Child Development Centers. The district administration and the Board of Trustees support the concept of early identification and programming for handicapped children.

Children are located through the District's Idaho Child Find activities and referrals from Social Services as well as the public health nurse. The public health nurse works closely with Child Study Teams and assists with medical/physical therapy recommendations. Physical therapy and speech therapy are provided on an itinerant basis. We have also used consultants for program development and individual cases.

The program is lively and colorful. Our teacher, Daleen Pugmire, based the curriculum on the Minnesota Child Development Inventory and the Utah State University CAMS (Curriculum & Monitoring System). She involves parents extensively and has their enthusiastic support. She follows a daily routine of free play, group structured language and fine and gross motor activities. Each child has individual time for specific work and IEP goals.

Two sessions are in the center's program. Children with mild retardation and severe language delays attend the first session. Two severly handicapped and two Down's Syndrome MR children are in the second session. Three children are monitored with speech therapy services on a home-bound program.

Two children entered kindergarten this year from the program. The pre-school teacher and public health nurse served as part of a Child Study Team. The team agreed that the children would have required almost full-time special education if they had not been in the pre-school program. When special children are able to remain in Kindergarten because of the gains made in pre-school, this certainly proves we are meeting the intent of "Least Restrictive Environment".

RESEARCH IN FOCUS

AFFECT STUDIED AS MONITOR OF COGNITIVE CHANGE

by Joan Anderson, TADS

Folklore has it that a baby's smile means he or she is suffering from gastric distress, but a growing body of literature indicates the smile may reflect cognitive processing of events in the baby's environment.

The Carolina Institute for Research in Early Education of the Handicapped (CIREEH) is conducting a series of studies to document the relationship between positive affective responses (smiles and laughter) and cognitive development of multihandicapped infants. The researchers' goal is to establish **affect** as a monitor of cognitive change in handicapped infants.

Developmental changes in affective expression have been described by several authors. Sroufe and Wunsch (1972) devised a set of stimulus items divided into four categories: auditory; tactile; social; and visual. They reported that younger infants (4-6-months-old) were more responsive to auditory and tactile stimuli — repetitious noises, tickling, jiggling — while older infants (7-12-months-old) were more responsive to social and visual stimuli — tug of war, mother with a mask, mother walking like a duck. Further, the older infants smiled or laughed more frequently than the younger. Cicchetti and Sroufe (1976) found the same pattern of affective responses in a group of Down's syndrome infants.

The younger Down's syndrome infants first smiled or laughed to the auditory and tactile stimuli and later, with increasing age, to the social and visual stimuli. Although this pattern of response was the same for both Down's syndrome and nonhandicapped infants, a delay was seen in the age at which Down's syndrome babies responded to the specific groups of stimuli; this was consistent with delays in cognitive development in these youngsters.

Interesting within-group differences were reported by Cicchetti and Srouge (1978). Down's syndrome infants who smiles and laughed least and laughed at a later age also had lower Bayley Mental Scale scores than their peers.

The CIREEH studies, based on the above findings, support the notion that affective expression to specific stimuli is related to cognitive development.

Gallagher's (1979) investigation of positive affect in 14 physically handicapped, mentally retarded infants of mixed etiology resulted in findings similar to the studies of Down's syndrome babies. When the affecive responses of two groups of infants (divided into "developmentally younger" than 8 months) were compared, significant differences were found. The developmentally older infants gave significantly more positive responses to the presented stimuli than did the younger group. Significant positive correlations were achieved between total smiling responses and developmental age as determined by performance on the Bayley.

A subsequent study by Anderson (1980) produced similar results. In a sample of 20 multihandicapped infants, similar to that studies by Gallagher, significant positive correlations were found between the number of stimuli at which the infants smiled and their developmental ages. With increasing cognitive maturity, the infants respond to more of the stimuli, including those which are more cognitively demanding.

Determinants of affective expression may include muscle tone as well as cognitive maturity. Cicchetti and Srouge (1978) found that the most hypotonic Down's syndrome infants displayed less intense affect than those infants with more normal tone. Their positive responses tended to be smiles rather than laughter. Gallagher (1979) found that deviations from normal tone, either hypotonia or hypertonia, resulted in less intense affect.

The implications of these studies concern the monitoring of developmental progress in handicapped infants. Affective responses to specific stimuli may be useful developmental markers for handicapped infants unduly penalized by an inability to demonstrate cognitive functioning through typical pointing-or manipulation-type infant tests. However, the effect of muscle tone on the intensity of expressed affect must be taken into consideration.

Emphasis
TADS
Chapel Hill, North Carolina

Teacher Burnout in Special Education: The Personal Perspective of a Classroom Teacher, Ingram, Leslie A., April, 1980, paper presented at the Annual International Convention of the Council for Exceptional Children (58th, Philadelphia, PA.) ERIC document Ed 187 073

In her paper presented at the Annual International Convention of the Council for Exceptional Children, Leslie Ingram discusses teacher burnout in special education from her own perspective as a classroom teacher. She describes the phenomenon as feeling locked into a routine which can result in physical, emotional, and attitudinal exhaustion. Comparing Kubler-Ross's five stages that individuals experience as a part of death and dying to burnout, she identifies the following stages:

1. Recognizing the problem — something is not working; fail to consciously ackowledge that something is happening.
2. Denial — this can't be happening to me.
3. Bargaining — starting to put qualifications on situations to get through the working day; "If Joe is not here, I know I'll make it through."
4. Depression — point at which the problem begins to internalize; really know something is wrong.
5. Acceptance — begin to start to try to work out the problem.
6. "Now What" Stage — remediation techniques that focus on ways to seek change. The author suggests the following possible remediation techniques: (Ingram, 1980)
   1. The first technique might be to begin to keep a journal about your feelings — both your joys (which we tend to lose sight of), and the areas of stress. You can keep this in a log fashion, writing down the events of the day; this will document your experiences and you can choose to look at the situations a little more objectively as you put them on paper.
   2. Create a support system at school. Find someone to eat lunch with each day, someone you can really share your feelings with. Concentrate on options and solutions; don't dwell on the negatives.
   3. Arrange to get away on a retreat with your peers — you'll soon realize you're not alone in your concerns.
   4. Try to get involved in an inservice program that interests you. One of the greatest defenses against burnout is personal growth.
   5. Change grade levels, new grade levels may present a good challenge as well as trying new and different curriculum and instructional materials. If possible, try to change school sites; sometimes the fact that you are with new professional peers will be the stimuli you need.
   6. When you feel particularly depressed, take a day or two off. These are referred to as "Mental Health Days" and should be used to pamper yourself. Too often teachers are made to feel that they have to lie by calling in sick rather than the legitimacy of a Mental Health Day. Stay at home and enjoy the quiet of your own home once your family leaves. Treat yourself to a fancy lunch; go out on a shopping spree. Do whatever it takes to relax yourself.
   7. If you're getting sick, or catching a cold, stay at home. You don't have to drag in — you don't do the students any good, particularly those in Special Education. The greatest problem in Teacher Burnout is not, surprisingly enough, with the teacher. It's what happens to the students. If a teacher "turns off/burns out" and develops an "I don't care" attitude, the children will begin to develop this same "I don't care" approach to their learning and behavior. (Best, 1980)
   8. If you can afford it, take a semester off. Get another job. You'll learn a great deal and welcome the return to the classroom. Don't be afraid to say you like something better than education — be willing to make the change.
   9. Learn to decompress between school and home. You'd be surprised at the amount of energy you consume in rehashing your daily frustrations to the people at home. Keep home a place to enjoy. Share the good things that happen at school.
   10. Reflect on the idealogical reasons you went into the teaching profession. Remember the little

cliches you've picked up through the years — no matter how handicapped, retarded, or bad a student is, you can find at least one good thing about that student and build on it. ——Try and relate to these as goals for the future.

11. Give yourself time to do the things you enjoy outside of school — skiing, cooking, golf, tennis, etc.
12. Finally, concentrate on dealing with the specifics that caused your burnout, remembering that there are certain things that **cannot** be changed and must be put in a workable perspective, such as the implications involved as a result of the passing of Public Law 94-142. By confronting the specifics, you are no longer in the position of being helpless. You have now become an active participant in attempting to overcome the situation.

RESOURCES IN PERSPECTIVE

When You Care For Handicapped Children: Guide for Working with Young Handicapped Children is an excellent resource book published by the Texas Department of Human Resources. It was developed by the Southwest Educational Development Laboratory under the direction of Dr. Joyce Evans.

When You Care for Handicapped Children is a guide designed to help caregivers in regular child care or educational settings work with handicapped children. It is appropriate for both home and center based facilities. Compiled in a large 3-ring notebook, the guide is divided into six sections. The "Introduction" spells out the overall plan of the guide, defines frequently used terms, and briefly describes primary agencies responsible for serving children.

Screening, referral, individual assessment, and individual planning for handicapped children are described in the second section, "Identifying Handicapped Children".

Each of the major handicapping conditions is presented in the third section "Understanding Handicapped Children and Meeting Their Needs". Basic information about the handicap as well as ways to meet the instructional needs of the child are provided. A noteworthy inclusion in each chapter of this section is a recommended procedure for referring a child with a particular handicap.

"Special Considerations for Assisting Handicapped Children" contains chapters on environmental adaptations, parent involvement, managing behavior problems, and the importance of self-concept.

"Infants in Child Care Settings", addressing the needs of the handicapped infant, provides caregivers with ways to take care of the infant's basic needs for nutrition and physical care, play and stimulation, and loving concern.

The final section of the guide provides information on basic resources, both written and institutional sources.

Throughout the guide, the individuality of children and their unique needs are stressed. The importance of parent involvement is stressed as well as the power of keen observation. Drawings, photographs, charts, and helpful hints abound in the guide.

Currently available for the mere price of duplication, **When You Work with Handicapped Children** is an invaluable resource guide, well worth the $11.00 investment. It offers concise, relevant, and, indeed, useful information in a practical and handy format.

Available from: Texas Department of Human Resources
Development Materials
Child Development Program, 510-A
P.O. Box 2960
Austin, TX 78769

Price: $11.00

BEING ME . . . .

Jean Edwards and Suzan Wapnick

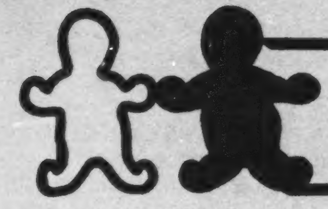
Being Me . . . . by Jean Edwards and Suzan Wapnick, is a teacher guide and training curriculum concerning sex education for the handicapped. the authors have taught sex education for adolescents and handicapped adults as well as trained special education professionals for the past decade. Workshop information and consultation services are offered in the development of Sex Education programs.

Included in **Being Me . . . .** are instructions for teachers using the curriculum, curriculum for the severely retarded, trainable mentally retarded, and educable mentally retarded and lesson plans.

Also available, and sold separately are 1) an assessment packet consisting of 100 photos designed to assess social sexual skills, 2) 60 sex education slides that may be used to supplement the curriculum guide for moderate and trainable students, and 3) a parent book entitled '**Sara and Allen**, an easy-to-read book to help parents of retarded and severely handicapped children.

The Montana Symposium on Early Education and the Exceptional Child is pleased to include the authors of **Being Me . . . .** as presenters at the Symposium April 1-3, 1981 in Billings, Montana.

Available from: Ednick Communications
Box 3612
Portland, Oregon 97208



PREVIEWS

March 10-12	JFK Child Development Center Workshop "Psychological Assessment of Infants and Young Children" (Limited Registration) for further details: Ken Heinlein, Hathaway Bldg., Cheyenne, WY (307) 777-7116	Casper Hilton Casper, Wyoming
March 16-20	Training and Supervisory Skills Workshop for educators. For further information, contact: Trainer Institute Coordinator, High/Scope, 600 North River Street, Ypsilanti, MT 48197. (313) 485-2000	High/Scope Education Research Foundation Ypsilanti, MI
March 19-20	Early Childhood Education Conference, "Discipline or Punishment?" Keynote Speaker: Dr. Joel Macht, University of Denver. Statewide meeting of University Faculty of Early Childhood Education to organize statewide Association for Education of Young Children. For registration information, contact: School of Extended Studies & Community Services, Eastern Montana College, Billings, MT 59101. (406) 657-2203	Eastern Montana College Billings, MT Student Union Bldg.
March 26-28	"Policy and Practice: The State of the Art in 0-3 Service". The symposium is sponsored by The Illinois United Cerebral Palsy 0-3 Program. Contact: Lynn Barnett, Peoria 0-3, 320 E. Armstrong, Peoria, IL 61603. (309) 672-6358	Continental Regency Hotel Peoria, IL
April 1-3	The Second Annual Montana Symposium on Early Education and the Exceptional Child. Sponsored by Project Sunrise Outreach, the Eastern Montana School of Extended Studies and Community Service, and Office of Public Instruction, State of Montana. See page 13 of **VIEWS** for full details regarding registration. For further information, contact: Project Sunrise Outreach, (406) 657-2250.	Northern Hotel Billings, MT
April 3-4	Conference on Autism: Today's Knowledge, Tomorrow's Answers sponsored by the Montana Office of Public Instruction and the Montana Society of Autistic Children. For additional information on the Autism Conference, contact Ron Lukenbill, Office of Public Instruction, Helena, Montana 59601. Call 1-800-332-3402.	Ramada Inn Billings, MT
April 5-8	Fifth National Conference on Child Abuse and Neglect. For further information, contact; Region V Child Abuse and Neglect Resource Center, School of Social Welfare, The University of Wisconsin-Milwaukee, P.O. Box 786, Milwaukee, WI 53201. (414) 963-4184	Milwaukee, WI
April 7-9	JFK Child Development Center Workshop "Psychological Assessment of Infants and Young Children" (Limited Registration) for further details: Ken Heinlein, Hathaway Bldg., Cheyenne, WY (307) 777-7716	Sheridan Center Inn Sheridan, WY
April 12-17	59th Annual Council for Exceptional Children-International. Contact: Convention and Training Unit, CEC; 1920 Association Dr., Reston, VA 22091.	New York, NY
June 14-19	International Symposium on Visually Handicapped Infants and Young Children: Birth to Seven. Contact: Dr. E. Chigier, P.O. Box 394, Tel Aviv, Israel	Tel Aviv, Israel
March-May	The Impact of Current Legal Action on Educating Handicapped Children presented by Reed Martin, J.D. and the Public Law Division of Research Press. One-day regional conference which provides practical information about developing legal requirements in special education. Contact: Carolyn Dunaway, Conference Administrator, 2612 N. Mattis, Champaign, IL 61820. (217) 352-3273	Various Regional Locations

THE SECOND ANNUAL MONTANA SYMPOSIUM ON EARLY EDUCATION AND THE EXCEPTIONAL CHILD

The Second Annual Montana Symposium on Early Education and the Exceptional Child sponsored by Project Sunrise Outreach, the Eastern Montana School of Extended Studies and Community Service, and Office of Public Instruction, State of Montana is scheduled for April 1-3, 1981 at the Northern Hotel, Billings, MT

KEYNOTE SPEAKERS

BUD FREDERICKS, Assistant Director of Teaching Research, Monmouth, Oregon is widely recognized for his contributions in working with severely handicapped young children. Dr. Fredericks will present two keynote addresses. "Early Childhood: The Yellow Brick Road — Does It Lead to Oz or Abyss?" and "The Country Child: Who Serves Them and How?". "The Difference in Success and Failure with the Severely Handicapped" will be the focus of his sectional presentation.

MERLE KARNES, of the University of Illinois, is a renowned leader in infant education and language development. She will speak on the subject "Making Sure Your Program for Young Exceptional Children is Exemplary" in her keynote presentation. Dr. Karnes' sectional topic will address "Infant Education".

NORRIS G. HARING, a noted authority on the severely/profoundly handicapped from the University of Washington, will deliver a keynote address "How to Tell Who You Are Teaching Without a Label" and a sectional entitled "Teaching Strategies for the Behaviorly Disordered".

LUNCHEON SPEAKER

PAUL CRELLIN, M.D. of the Children's Clinic, Billings, Montana.
Topic: The Young Learning Disabled Child: A Physician's Viewpoint

In addition to the keynote speakers' presentations, the symposium will include a variety of concurrent sectionals, films, and other resources of interest to all persons concerned with early/special education. The $30.00 registration fee will include 2 continental breakfasts, noon luncheon with Paul Crellin, M.D. as the featured speaker, and a wine-cheese party (your opportunity to meet leading authorities in the field). Specialists from Texas, Utah, Illinois, Montana, Washington, Minnesota, Oregon, Wyoming, and Mississippi will be sharing their expertise in their sectional presentations. A Proceedings document will be published following the symposium for all registered participants.

A limited amount of financial assistance is available from the State Office of Special Education, on a first come, first serve basis for parents and Montana school district personnel. Contact Ron Lukenbill at 449-5660 for further information.

One credit, either graduate level or undergraduate level, is available for an additional $20.00 credit fee through the Institute for Habilitative Services at Eastern Montana College. Applicants must meet admission requirements of Eastern Montana College. For further information, contact Project Sunrise Outreach, Eastern Montana College, Billings, Montana 59101, (406) 657-2250.

CONFERENCE ON AUTISM: Today's Knowledge, Tomorrow's Answers sponsored by the Montana Office of Public Instruction and the Montana Society of Austic Children is scheduled April 3-4, 1981 at the Ramada Inn, Billings, MT. On-site registration for the Autism Conference is $20.00. Participants attending the Symposium and Autism Conference save $10.00 by pre-registering for both programs. Pre-registration, if attending both programs, is $40.00. For additional information on the Autism Conference, contact Ron Lukenbill, Office of Public Instruction, Helena, MT. Call1-800-332-3402.

SECOND ANNUAL MONTANA SYMPOSIUM ON EARLY EDUCATION AND THE EXCEPTIONAL CHILD

School of Extended Studies and Community Services, Box 80, Eastern Montana College, Billings, Montana 59101

PARTICIPANTS ARE RESPONSIBLE FOR THEIR OWN HOTEL ACCOMODATIONS.

ENCLOSED:
☐ $30.00 Symposium ONLY Pre-registration
☐ $40.00 Symposium AND Autism Conference Pre-registration
☐ $20.00 Additional Credit Fee if registering for Symposium Credit

PLEASE INDICATE:
☐ non-credit registration
☐ one undergraduate credit
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For additional information, contact **Project Sunrise Outreach (406) 657-2250.**

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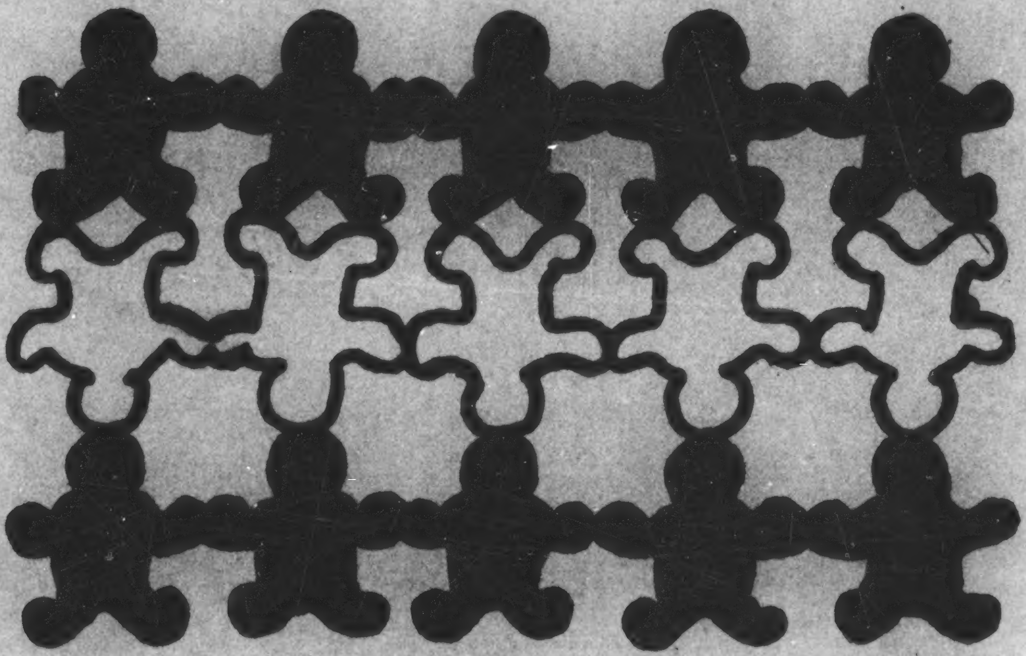
Views

An Early Childhood Special Education Newsletter



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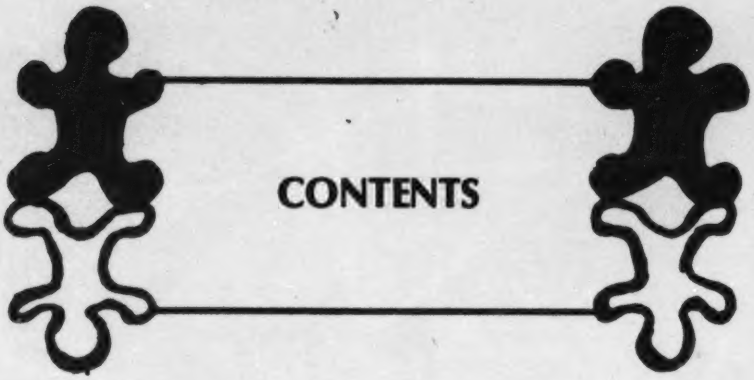
BILLINGS, MONTANA SUMMER 1981 VOLUME 1 NUMBER 4

"The aim of education should be to teach children to think, not what to think."

. . . John Dewey



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THE EDITORS' VIEWS

"I will never play golf in the 60s, rarely in the 70s. To that extent, compared to Sam Snead, I am retarded.

Each of us, compared to others of us, is less agile, less coordinated, less eloquent, less perceptive. One way or another, we are all retarded."

The preceding quote by Paul Harvey, the well-known commentator, succinctly indicates the folly of judging an individual's capabilities, or incapabilities, by comparisons and labeling. Those of us involved with early childhood education, must realize we have the opportunity and responsibility to thwart this judgemental labeling process and other equally damaging concepts before an innocent child is permanently victimized.

Early childhood education, as it presently exists, faces financial difficulty at all levels of funding. If we are to maintain and expand the present quality of early intervention, we, as concerned individuals, must react to and heed the challenges that Dale Gentry addresses in the article, Effectiveness, Efficiency and Advocacy of Early Education Programs in Times of Fiscal Restraint and Louise Phillips presents in her article, Oil That Squeaking Wheel!!!

OIL THAT SQUEAKING WHEEL!!!

Louise Phillips, Chairperson, Task Force On Affecting Decision Makers,
Box 428, Magnolia, Arkansas 71753

In the days of budget cutting, we tend to forget that *somewhere, sometime,* we have to pay the piper. If we fail to prepare young handicapped children for participation in our world, we will have to meet the cost of our failure at a future date at a higher rate.

The prime target to influence is, of necessity, legislators - local, state, and national. You have to sell your program to the ones who control the money.

Too often decision makers hear only the squeaky wheels. If this be so, then, let's squeak loud, long, and hopefully in the right places.

If you accept the premise that early childhood education is of critical importance to children who are at risk with handicapping conditions, then you must accept the obligation to work to secure the necessary financial and program support. If you are to secure the necessary financial and program support for these children, you must venture into the world of influencing policy makers and budget makers. To get this support, you must meet the decision makers on their own grounds. We have good sound models developed with methods and techniques that work, but who knows about them? If tremendous efforts can be made to protect the environment, millions can be spent for clean air, and Congress can devote major time to speed limits, why can we not mount a program that speaks to the needs of handicapped children? This type of program has started and has been effective for school age children. Now, we need to squeak the wheel for preschool handicapped children!

Nothing beats parent advocates! To get parents beating the drums, you must have an effective program that really works. Generate enthusiasm for your program by being thoroughly knowledgeable. Know what you are doing, how you are doing it and practice saying it. Do some practice sessions with your own staff in how best to say it. Stop being reticent about bragging on your work. Who else knows what wonderful things you are doing? If you want a future for young handicapped children, stop applying oil and learn to squeak. No one else knows as well as you what can be done. Don't be bashful! Speak up and out!

Organize letter writing campaigns to your state legislators and to your congressional delegation. Grass roots opinions do affect the legislators. In these letters preach the doctrine of "every child deserves a chance." Your best approach to the decision makers or money-minders is by way of local voters. *Squeak that wheel!*

Every person in every program should become a walking encyclopedia of information on the advantages of early intervention for young handicapped children. Don't forget that "all" of your staff "show case" your program. Be sure that your volunteers, cooks, custodians, bus drivers, and secretaries know what the purpose of the program is and know how to describe it to the communities. As practicing professionals we must know the facts and make opportunities to present them. Who will know of your deep concern for young handicapped children if you do not learn to speak effectively to others? You not only have the right but the obligation to speak.

All the techniques you have developed need to be called into play. Invite influential citizens to visit your programs. Try for spots in radio and TV programs. Speak to any club that invites you. Use your affiliations to get invitations. Seek out opportunities to speak to church groups. Work with your local papers. Write letters to the editor. But above all, write letters, *millions of letters.* Get them from all sorts of parents. Lose the oil can and squeak loudly for the cause of children. Communicate!

The imperative activity for 1981 must be to get the attention of the budget cutters. There are hundreds of ways to sell your program, but it is imperative that now - at this moment - you get the word to legislators. Speak to them, write to them, or call them but move out now. Your voice added to the voices of others can make the difference. Build the sound of the squeaky wheel to a rousing crescendo and fight for the needs of young handicapped children.

EFFECTIVENESS, EFFICIENCY, AND ADVOCACY OF EARLY EDUCATION PROGRAMS IN TIMES OF FISCAL RESTRAINT

Dale Gentry, Chairperson, Special Education, University of Idaho
Moscow, Idaho

Early education for handicapped children from birth to school age faces a challenge of larger magnitude in the United States than has been faced in the past fifteen years. Since 1968, when the Handicapped Children's Early Education Program was established through federal legislation, there has been an almost continuous growth in early education programs for the handicapped. This growth has been expressed in increased advocacy, state level planning and legislation, development of model service programs, personnel training, research, parent involvement, and development of curricular and instructional technology. In spite of this growth, and the involvement of an increasing number of parents and professionals, there has never been a broad base of commitment to early education programs by the public, by educators in general, or even by special educators.

Now, in face of reduced federal and state spending for education and human services, many educators, special educators, district and state administrators, and legislators are supporting the reduction or elimination of funding for early education programs. They commonly give two major reasons for this stance. First, they assert that with reductions in fiscal support they must reserve the limited funds available for more basic program needs or needs of children already being served in public education settings. Second, they indicate a concern that promotion of early education programs will result in reductions in public support for financing because of the lack of interest in a population that is not yet in the domain of public school programs. School boards, administrators, and legislators are reluctant to spread already limited funds to include yet another population. Regardless of the validity of these arguments, it is clear that the majority of educators, administrators, and legislators are not convinced that early education for handicapped children is as essential or politically viable as other educational services.

Adequate support for early education programs can be generated by using at least two major approaches. People in decision making roles from local administrators to state legislators must be convinced of the value of early education and of the political necessity of funding early education programs. Bringing about such political change could be the topic of an entire discussion. This paper will be concerned with another major approach that supports the first, that of providing the most effective and cost-efficient early education programs possible.

There is no doubt that there has been waste and inefficiency in many early education programs. Such inefficiency is frequent when projects are in the developmental stages. However, decision makers will be reluctant to fund programs they view as wasteful and emphasis must be given to the design of effective and efficient programs. In fact, programs are now in existence which produce considerable benefits to children in cost-effective ways.

Outcome Orientation. With many human service programs it is often difficult to determine what activities are appropriate, to what components resources should be allocated, and when the program has been successful. Early intervention programs have been no exception. One way to address this issue is to use an *outcome oriented* approach, where accomplishments are specified. In an educationally oriented program, we should indicate the number of children to be served and the specific educational gains we expect to make with them. All other program decisions are then evaluated in terms of their probable contribution to these objectives. Such an orientation may lead to the exclusion of some services or activities that might otherwise consume program resources. The implication is not that other services may not be important, but that the role of early education must be kept in focus.

Program Purpose. Besides using an outcome oriented approach, we must also narrowly define the purpose of our programs. A great many possibilities exist for program emphasis for early childhood programs, including medical, health and nutrition, social work, etc. Conditions in different areas may lead to the need for defining a program purpose more broadly to include an expanded program function. However, in most cases it is advantageous to define program purposes as *narrowly* as possible to enable a carefully focused program of services provided at reasonable cost. It is important to note that in an educationally focused program other needed services should not be excluded, but they should be included in relation to the primary emphasis of the program. It also is probable that many services other than educational are already provided within the scope of health and welfare agencies. Collaboration with these agencies is essential and is considered subsequently.

Curriculum Selection. If curriculum is appropriately designed and/or selected, it can lead to efficiency in achieving child gains. An appropriate curriculum should be comprehensive (i.e. cover all developmental domains considered important), contain carefully specified sequences of tasks, and be usable by the teacher to select teaching objectives. Additionally, it should focus on skills that are functional to the child (i.e. lead to present and future success in their own environments) and include a mainstream orientation (i.e. include social and other skills that will enable a child to interact with regular populations). The most successful early education projects have utilized specified curriculum (e.g. the Portage, Marshaltown, and Teaching Research projects). A specified curriculum enables carefully focused programming for individual children and efficiency of progression from one learning task to the next. The advantages in child gains and cost-efficiency are obvious.

Diagnosis and Assessment. Diagnostic and assessment information have often taken a disproportionate share of resources without leading to service delivery. Obviously, certain diagnostic data must be obtained to determine children's eligibility for a program. Eligibility data should be collected as economically and briefly as possible and still obtain the necessary decision making information. Diagnostic data are also needed to determine sensory and motor intactness, to determine the physical/neurological status of an individual, and to assess special medical or physical needs. Other diagnostic and assessment data should be collected in relation to program curriculum and to decisions that relate directly to instructional programming. Where possible, assessment data should be curriculum referenced, i.e. relate directly to the curricular steps selected for the program. In addition, where possible, assessment data should be collected in childrens' ongoing "natural" environments, e.g. the classroom setting. The narrowing of diagnostic and assessment data to program relevant information is likely to lead to reduced costs of diagnostic services while maintaining or increasing the amount of usable information for program decisions for individual children.

Intervention. Too often in early education programs intervention has been unfocused and has consisted of a potpourri of activities that do not lead to specified learning outcomes. Intervention should be designed to directly teach selected objectives for each child. It should be mastery based, in that a child is instructed on a specific objective until he or she reaches a proficiency or mastery criterion for that task. Intervention should be systematically planned to include a description of teacher provided cues and prompts, child responses, and arranged consequences including feedback, reinforcement, and correction procedures. The instructional plan should be adapted to childrens' stages of learning as they move from acquisition to proficiency and generalization. Although such instruction may appear at first to be more costly, it usually results in a substantial increase in child gains, the primary purpose of early education. In a final analysis, systematically designed and delivered instruction will contribute substantially in justifying early intervention programs.

Parent Involvement. One of the most widely accepted findings in early education is that parent participation greatly enhances the acquisition and maintenance of child skills. Consequently, there has been a substantial emphasis on parent involvement in early education programs. Sometimes, however, program staff who work with parents have ended up as a primary resource to parents, rather than serving as partners with the parent to achieve agreed upon outcomes for their children. Program staff can and should assist parents with their skills, understanding, and emotional needs as they relate to child outcomes. (There is, in fact, some evidence to support the position that parents are greatly helped when they are given active tasks to help their handicapped children.) More intensive parental needs, however, should be referred to professionals whose primary purpose is the mental health and emotional adjustment of their clients. Early education personnel will be more effective in achieving program goals if they focus on parental involvement around program outcomes.

Child Progress Measurement. In assuring that early education programs are effective and efficient, child progress measurement is a crucial component. Two types of measure should be used to assure the effectiveness of teaching and to document the progress children make: ongoing (daily) measurement and periodic outcome measurement. *Ongoing*, direct measurement should be used to assess whether children are making adequate progress on their daily learning tasks, and to determine when they have reached mastery criteria and are ready to advance to another objective. If the ongoing measures indicate that a child is failing to make adequate progress, it is possible to alter instruction immediately to increase the rate of learning. Periodic *outcome* measures should be used to determine and document the magnitude of child gains over longer periods of time, at least yearly. When such measures are given repeatedly from year to year, they provide a longitudinal perspective of child progress. Outcome measurers should include curriculum referenced assessment measures to document child gains that relate directly to program objectives. Outcome measures become a basic source of data to demonstrate the positive benefits of an early education program.

Personnel. Lack of well qualified personnel has been a cause of ineffectiveness and inefficiency in many early childhood programs. One way to increase the probability of recruiting appropriately skilled personnel is to use a detailed performance based job description that identifies tasks and competencies in detail. To reduce turnover of qualified personnel once they are hired, salaries and other job benefits should be made competitive with other similar positions. Competent personnel who are able to produce substantial gains with children and to achieve other project outcomes are essential to the demonstration of the benefits of an early education program.

Interagency collaboration. Young handicapped children and their families often require many different services, which are typically provided by different agencies and professionals. From a service delivery viewpoint these services need to be coordinated, and from a cost efficiency perspective they should not be duplicated. Early education programs should certainly utilize, and not recreate, services that are available elsewhere. Yet, interagency interaction is sometimes more competitive than cooperative. One promising approach is used by the National Association of State Directors of Special Education. The Association suggests an interagency problem solving process in which consumers and representatives of different agencies identify service needs, specify outcome criteria for services to meet those needs, and agree upon who will provide each service. This outcome oriented approach seems to greatly increase collaboration among agencies. Early education programs should utilize this or some comparable approach in working with other agencies to achieve increased effectiveness of support services in a cost efficient manner.

Documenting Benefits and Costs. One of the steps in advocating for support of early education programs is the collection and organization of information about benefits and costs. Benefit data should include outcome data related directly to program objectives, for example the number of children served, the progress they have made, and any other child changes that may be targeted. Other specified outcomes that reflect improved conditions should also be documented, for example, acquisition of child management skills by parents and the provision of supplemental services by other agencies or professionals.

Besides benefit data, cost information is also crucial. Perhaps the most frequent question administrators and legislators ask when confronted with supporting a new program is, "How much will it cost?" A summary of costs is a necessity, but it is also important to describe costs by category of service provided, and to show how those costs are reasonable in relation to the outcomes achieved.

It is not enough to collect and organize benefit and cost data. It is also necessary to package the information in formats that are clear and understandable to the receiving audiences. The information in such packages need not be limited to data collected in local programs. For example, data are available from model projects from throughout the nation, and there are several publications that present well the case for early education of the handicapped. A persuasive presentation of the benefits of early education should include both well articulated information from other sources and data which provide credibility that such benefits are possible locally.

Conclusion.

Funding for early education program almost certainly faces a national crisis. Humanitarian ideals of early intervention will not be enough to persuade decision makers to fund programs. As a first step, early educators must implement the most effective and cost efficient programs possible, document program benefits (including child gains) and costs, and assure that such data are available to appropriate audiences. In addition, advocates must also create broad public awareness of and support for early intervention programs. At the same time they must become the activists who present the case for handicapped early education to administrators, school boards, legislators, and others who are in decision making roles. Administrative and legislative decisions in favor of a program most often occur when the decision makers believe a majority of their constituents support that program. It is the responsibility of early education advocates to create a supportive and vocal majority.

A MYTHOLOGY RELEVANT TO EARLY CHILDHOOD SPECIAL EDUCATION

DIBILIA'S SOLACE

Deedie Thomas Sorensen,
Billings, Montana

Dibilia was a lovely young mortal girl. One day her mother sent her to a stream near the family home to fetch some water. When she reached the stream, her glance fell on some bright yellow flowers blooming in a small clearing near the stream. She set down the water urn and hurried toward the clearing. As she reached the clearing, she stopped suddenly, caught her breath and stared in wonderment. There, asleep in the clearing, lay the god Apollo. Dibilia, recognizing the deity, knew it was not prerogative of a mortal to cast eyes on a sleeping god. She turned and ran back to her urn by the stream. Alas, even while sleeping the spell of Apollo was great. While she never told anyone about encountering the slumbering god, Dibilia remembered him fondly.

Years passed and Dibilia grew to womanhood and married the man of her father's choosing. In time she and her husband had a son whom they called Disabilius. Sadly, Disabilius was blind. Dibilia was greatly distressed by her son's condition. After much personal deliberation, she reasoned that the boy's blindness was the wrath of Zeus, her punishment for seeing his sleeping son. Secure in her belief that her actions as a girl were responsible for her son's sightlessness, Dibilia set out to "make up" to her son for causing his blindness. She vowed to protect him from any further harm, frustration or disappointment. To do this, she did everything for her son. She waited on him ceaselessly. She never let him walk around alone as he might bump into something and hurt himself. She made sure that he was never exposed to strangers who might say something sensitive regarding his blindness. The duration of Dibilia's life was saturated with the care of Disabilius. With each day of self-ordained servitude, she reminded herself of her transgression of long ago for which Zeus was exacting this retribution. In this she found solace. In turn Disabilius became totally dependent on his mother's care and in time, frightened and frustrated by his own helplessness.

The human psyche has always been concerned with the "whys" of things. "Why does the sun go down? Why is there lightning, famine, pestilence?" If one knows why, we reason, the next time we can alter the situation to either increase or decrease the chance of it happening again. In doing so, it gives us security in the belief we, as humans, can somehow manipulate happenings in our environment. When dealing with an event that has a major impact on one's own life, one that is not likely to be repeated, we ask the same "why" questions, but tend to rely on private rationalizations.

When parents first become aware that their child has some form of handicapping condition, there is usually a rather general pattern or continuum of feelings and reactions through which they pass. Initially, there is a period of mourning, wherein the parents begin to adjust to the loss of whatever attributes or abilities would have made their child the "perfect" child they expected. Next is a period in which guilt and anger intermingle. Often there is a need to assign blame. Whose fault is it that the child is not perfect. Was it your genes? your health? your age? your actions? that caused this? If blame cannot be assigned externally, then the explanation will become an internal issue. "What have I done to cause this?" In the event no acceptable etiological explanation is present, parents may move towards less pragmatic casual factors. In either case, assumption and subsequent internalization of blame results in guilt. Parents may remain in this phase indefinitely. Hopefully parents will move on to a stage of acceptance. Accepting the child's abilities and his place in their lives.

Acceptance is a milestone. However, passive acceptance of the handicapped child and/or the disabling condition, while helping the parents cope with their daily routine and personal feelings, does little to promote the development of the child. Ideally, once the parent accepts the child's disability, the parent then moves on to a period of adjustment. At this time, the parents begin to interact with a number of individuals and agencies to facilitate the development of the child's abilities. Actions now take on a longitudinal dimension with parents and available resources moving toward the goal of helping the child become as independent and self sufficient as his abilities allow. If the parent, for whatever reasons, does not develop an orientation towards their child's developmental independence, then the child will become a truly disabled child, not because of his initial disability, but because of his lack of opportunity to develop and use his abilities.

Currently, 'child find' activities are concentrating on the identification of handicapped children before they reach school age. Theoretically, once identified, the child and parent would have the advantage of early educational intervention. Of equal importance is the psycho-social support of the parents to help them develop attitudes and skills which foster their ability to establish positive attitudes, realistic goals and the means for helping their child develop his abilities. Ultimately, the parents' interests and attitudes towards the development of their child will significantly effect the number and quality of opportunities that the child experiences.

VIEWPOINTS from the STATES

A MESSAGE FROM MONTANA'S SUPERINTENDENT OF PUBLIC INSTRUCTION, ED ARGENBRIGHT

We all realize the merits of early identification and programming for preschool handicapped children. The Office of Public Instruction recognizes this area of the student population and continues to fund preschool programs through state and federal dollars. Since the 1979 legislature repealed the 0-5 age mandates for serving handicapped children, child count in this discretionary area has gone from 745 in 1979 to 1283 in 1980. This certainly indicates that local district people have a commitment to the preschool population.

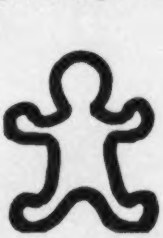
With the continued cutback in state funds and the impending decrease in federal funds, more and more decisions concerning programming will have to be made at the local level as to whether or not local funds will be made available to serve preschool children. The Office of Public Instruction will continue to provide as much technical assistance as possible.

A continuation of the State Implementation Grant for the Handicapped Children's Early Education Program has been submitted to Washington, D.C. in hopes of buying more time to implement the plan. The Consortium on Early Childhood Education is made up of many interagency people who have expertise and foresight in this area, and we will be looking to them for direction and guidance.

I think preschool programming will be best served through interagency collaboration — the pooling of available resources to serve this population. Special education is no longer the "rich uncle"; but while it was, it pushed many friends in related agencies on the federal, state and local levels to one side. It is our hope that those friendships can be restored and that efforts to serve the handicapped preschool child can be maintained at the current level through joint efforts with the health-related fields, Developmental Disabilities, Head Start, local day care programs, parents and other agencies and individuals involved with these youngsters.

Together we can continue to serve the preschooler. Should we fragment and go our separate ways, there won't be enough money in any single program to do the job.

The future is bright as long as we work together. I'm confident we will.



DEFINING AND COUNTING THE HANDICAPPED PRESCHOOLERS IN WYOMING

Ken B. Heinlein, Developmental Disabilities *Consultant*, Wyoming Department of Health and Social Services

In 1978, Wyoming started to plan for a change in the funding mechanism for the preschool programs. The plan was to change from a center by center funding to a statewide system that would assure more equalized financial support for all the developmental preschool programs. Central to the change in funding was accurate data on the handicapped preschool population. Wyoming was without accurate population figures on the handicapped preschoolers being served in the state, since each of the twenty programs had its own definition.

Since the state lacked sufficient information to determine both the number and degree of disability of the handicapped preschoolers, the next best alternative was to assume that the number of handicapped preschoolers in any given county was in direct proportion to the population of the county. This assumption seemed correct, but told the planners nothing about either the specific incident rates or the degrees of disability of the children.

The definition of a developmental disability that the state selected was a twenty-five percent or more delay in two or more areas of development. The seven developmental areas selected were 1) gross motor, 2) fine motor, 3) expressive language, 4) receptive language, 5) conceptual ability, 6) self-help, and 7) social emotional development. The definition was workable and could be consistently applied across the state to determine how many developmentally disabled preschoolers were in the state. Since it would take a couple of years of using the definition to determine the actual incident rates, it was assumed that, using the above definition, there would be one developmentally disabled preschooler per thousand general population. The funding formula was altered to coincide with the established definition of a developmental disability and the assumed incident rate of one per thousand.

Wyoming started collecting demographic and developmental data during the 1979-80 academic year. Wyoming now has two years of the data collected, although the 1980-81 data are not yet available, nor are they included in this discussion. Nevertheless, the data are going to prove useful in planning, especially given the impact energy development will have over the next several years.

The preliminary data show that the preschool programs served seven hundred and sixty handicapped preschoolers last year. Of this number, about two hundred and sixty did not meet the developmental disabilities definition. The remaining five hundred preschoolers came fairly close to the estimated one per thousand population, since Wyoming has just under half of a million people.

It is expected that as more effective screenings occur, more handicapped children will be found. In fact, the preliminary data show that there has been an increase in Title I handicapped children served from last year (79-80), to this year (80-81). The increase from about 650 to over 800 was primarily due to more effective screening. That large of an increase in one year tends to cast doubts on the validity of the assumption of a one per thousand incident rate. The preliminary data show that in the energy impacted areas of the state, the incident rate should be 1.5 to 2.0 per thousand general population for children meeting the developmental disabilities definition, and higher if more mildly handicapped children are included.

During the 1979-80 academic year, the Wyoming developmental preschools served over 700 handicapped children. The demographic data show that boys outnumbered girls by four to three. The children were predominantly white. There were over seven white children served for every non-white child served. Language problems predominated all other developmental areas, with motor problems coming next.

Most of the children that were served were without an identified major health problem. The largest single category of health problem was cerebral palsy with 35. The next largest category was neurological impairments with 25, followed by hard of hearing with 20. Only 14 were identified as having epilepsy. There were eleven in each of the blind and cleft lip/palate categories. Micro and hydro cephalus each accounted for three, and spina bifida eight. Through an administrative oversight, Down's syndrome was not added to the list until the 1980-81 academic year. There were 136 children listed in the category called "other"; many of these children were probably Down's syndrome.

The data were fascinating to look over. Studies will continue as each year's information becomes available. Perhaps more interesting and certainly more heartening were the data showing how many children were improving as a result of the preschool's intervention. Five out of six children were showing significant gains as a result of the preschool programs' intervention efforts.

Wyoming has available data that are far more accurate than were available two years ago. This data will enable Wyoming to monitor the effect of energy and mineral development over the next several years and, more importantly, plan effective services for the handicapped preschoolers in the state.

IDAHO'S EARLY CHILDHOOD SPECIAL EDUCATION PROGRAMS

Genelle Christensen, Consultant, Special Education,
State of Idaho Department of Education

Idaho public and private agencies provide educational programs for preschool handicapped children, ages 3 and 4. As of December 1, 1980, 186 handicapped children were involved in Head Start programs, and 413 were receiving services through Child Development Centers operated by the Idaho Department of Health and Welfare. Seventy children with vision or hearing impairments were served through the itinerant and center-based programs of Idaho State School for the Deaf and Blind.

Public schools in Idaho are required to serve children of legal school age, including children who are handicapped. Legal school age includes children between the ages of six (6) and twenty-one (21), or five (5) if the district provides kindergarten. State funding is not available through the public schools for children below the age of five.

Federal funds (preschool incentive funds) have been available to the Idaho Head Start and Child Development Center programs to supplement basic funds. If proposed federal block grants are put into effect, preschool incentive funds would be channeled through the public schools.

If funds for the education of preschool handicapped children continue to be limited, it appears that local cooperative efforts of parents and of private and public agencies will be important to assure the continuation of important services.

COMMENTS FROM COLLEAGUES

ENSURING SUCCESS IN TEACHING AN INTEGRATED CLASS

Ann Hawks, Outreach Coordinator,
Albuquerque Special Preschool, Albuquerque, New Mexico

In 1978 the Albuquerque Special Preschool began a project to integrate handicapped and non-handicapped preschoolers and to cross-train professionals from early childhood and special education backgrounds to become proficient integrated classroom teachers. From the experiences of the last three years, the professionals involved with the Integration Project arrived at seven traits which would ensure success in teaching an integrated class. These traits apply to the teachers' ability to work successfully with the children's parents as well as with the children at school.

1. **Realistic Expectations:** It is essential that the integrated classroom teacher have a sound understanding of normal child behavior and development if realistic goals are to be set for the developmentally different children in the class. It is equally important to consider each child as an individual with unique strengths and weaknesses. The understanding of a child's handicapping condition is only important as it affects the child's development, and the attitudes of the child's peers, parents and other involved professionals. The teacher must develop realistic expectations of each child's parents who also have unique strengths and needs in order for the child to achieve his/her full potential. Clarity and knowledge of the roles and responsibilities of all the professionals working with the child are necessary in detering professional conflicts and promoting cooperation as a multidisciplinary team.

2. **Positive Attitude:** If children are to learn as would be desirable in the integrated classroom and respect each other as unique individuals, it is imperative that the teacher enjoy learning and display acceptance of each child. The teacher is a powerful model in the classroom and can definitely affect the attitudes of the children toward one another. A positive attitude toward working and communicating with each child's parents is also an appreciable trait in order for teacher efforts to be extended into the child's home life.

3. **Sensitivity:** The ability of the teacher to carry a sensitive "blueprint" of each child's strengths, weaknesses, interests, likes and dislikes is prerequisite for teaching an integrated class if the teacher is to make the most of the many unexpected happenings which are apt to occur. The teacher's awareness of each child's general health, moods, motivation, etc. is also important in considering whether or not to modify expectations for a child in daily learning situations. It is imperative that the teacher be sensitive to different values, needs and attitudes of parents in order to work with them in planning the child's program.

4. **Flexibility:** Children are continually changing to such an extent that the teacher must be able to modify an activity, routine, teaching technique, etc. to fit the needs of the individual children in an integrated class. In order to make the time at school profitable for the child, the teacher must be willing to try new methods of working with the children, continually exploring what works best for the children individually and in a group. It may also be necessary for the teacher to coordinate the children's daily schedule with the schedules of the other support personnel, so that therapeutic intervention occurs at the best time for the child and the therapists. Flexibility is also important to meet the differing needs and schedules of the parents.

5. **Creativity:** Finding a meaningful role for each child in an integrated class for the duration of the class day often makes demands on a teacher's creativity. The teacher must be able to create order and sense out of the multitude of encounters each child makes, and be able to answer unexpected questions with replies which will be meaningful to the varied levels of understanding of the children. Teachers must also be able to modify, and at times invent teaching techniques, materials and learning environments which will meet the unique needs of each child and promote positive interaction among children. In essence, the integrated classroom teacher must create success through his/her efforts with the children, parents and other professionals.

6. **Self-Awareness:** It is essential that the teacher be aware of his/her own strengths and weaknesses as well as those of the children. Only through continual self-reassessment can the teacher strengthen or compensate for weaknesses, and ensure that the time and energy spent by both the children and the teacher be utilized in the most profitable way.

7. **Professionalism:** A teacher who enjoys learning and working with children and their parents should also display a commitment to the responsibilities of being a teacher and to self-improvement as a professional. The integrated classroom teacher must cooperate in working with the parents and multidisciplinary team, such that skill in working with other professionals is also a desirable quality. Excessive stress in one's personal life may result in a teacher's inability to distinguish between personal and professional needs, and may deplete energy reserves needed in the classroom; therefore a stable, satisfying personal life is very helpful to the individual undertaking the challenge of teaching an integrated class.

For more information on integrating handicapped and nonhandicapped children, please feel free to write the Albuquerque Special Preschool, 3501 Campus Blvd. NE, Albuquerque, New Mexico 87106.

PROS AND CONS

PROS AND CONS OF SPECIAL EUDCATION CO-OP PRESCHOOL PERSPECTIVE

Vicki Fritz, Preschool Services Coordinator,
Yellowstone West/Carbon County
Special Services Cooperative

An interesting service model in special education is the special services cooperative. Here in rural Montana this has become the most viable option for compliance with the special education mandates. The areas to be served are enormous and the population is quite small as services are shared by many districts in a given area. Most staff members are itinerant and many travel as many as 300 miles in one week.

As preschool services coordinator for one such co-op, I am among those of us "on the road." There are many advantages to this set up in our area as well as some serious problems which merit discussion.

Perhaps the most obvious advantage of the itinerant positions is the availability of services to isolated children who might not otherwise receive services until enrollment in public school. No districts in our area are large enough to require a full time preschool program. However, all of the districts have had handicapped preschoolers served through the co-op.

All of the districts also need the preschool screening which is provided by the co-op. However, it is this sharing of services which creates one of the greatest difficulties of the cooperative concept.

The problem is that no one district "owns" the preschool. Therefore it is difficult for the program to remain highly visible to local school boards and administrators. In many cases, classes must be held in places other than school. Space in the school for preschool class is often not considered a priority. This fosters a feeling in parents that the program is not supported by the local school and therefore is a questionable service. Since parental acceptance and support are critical to success of a preschool program the situation begins to cycle and the program loses some effectiveness. It has been clearly demonstrated this year that in districts which house the preschool in the school building, there is a much greater degree of parental and public enthusiasm and support for preschool services than in districts which can not do so.

TRI-STATE TRIBES CHILD COUNT DATA

Susan R. Bailey, Regional Handicap Specialist,
Office of Indian Child Services, Billings, Montana

Head Start has always had a national policy of open enrollment for all eligible children, including handicapped children. As noted in the Head Start Manual of 1967, "Head Start encourages the inclusion of mentally and physically handicapped children in an integrated setting with other Head Start children." The legislative mandate passed in 1972 requiring Head Start programs to provide at least 10% of the national Head Start enrollment opportunities for handicapped children made Head Start Programs begin an affirmative outreach and recruitment program to find handicapped children and enroll them in Head Start. The Head Start Economic Opportunity and Community Partnership Act of 1974 strengthened this approach by requiring that the 10% enrollment mandate be by state.

The intent of this 10% mandate for our Head Start Programs is to a) serve handicapped children in an integrated setting or mainstream environment with other children, b) provide for the special needs of the handicapped child and c) work closely with other agencies and organizations serving handicapped children and to provide the full range of services necessary to meet the child's needs.

With the onset of this 10% mandate by each state, the eleven Head Start programs on the Indian Reservations in Montana, Idaho, and Wyoming strengthened their recruitment activities. Tri-State Tribes, Office of Indian Child Services, which serves the eleven Head Start Programs has just completed their quarterly Child Count Data for the three state area. Total enrollment for the area is 1,263. The total number of children who have been identified as handicapped is 197. The percentage of the total number of handicapped children enrolled in our programs is 15%.

CURRENT EARLY CHILDHOOD PROGRAMS

COEUR D'ALENE PUBLIC SCHOOLS SCHOOL DISTRICT NO. 271

Early Intervention Program (E.I.P.)

Pat Pickens, Acting Director of Special Education

The Early Intervention Program (E.I.P.) is located within the Coeur d'Alene School District at the District Developmental Center. It is specifically located within the centralized kindergarten complex, a building which houses approximately 400 children.

The purpose of the E.I.P. is 1) to serve the educational needs of identified handicapped children ranging from three to five years of age, 2) to provide parent training programs necessary for continuation of critical instructional programs within the home, and 3) to facilitate the mainstreaming process for young handicapped children so that they may be placed in the least restrictive educational environment as soon as possible.

The following service delivery criteria has been established for the E.I.P.: 1) High priority for the Early Intervention Program is five years old moderately handicapped children. Four and three year olds will also be considered in that order. 2) Five year old kindergarten eligible children with mild disabilities are not generally eligible for the Early Intervention Program, but may be serviced by ancillary support within the normal kindergarten setting. 3) Three and four year old children and five year old non-kindergarten eligible children with mild disabilities may be eligible for the E.I.P. 4) Three to five year old children with severe disabilities will be referred to a more appropriate setting within the Coeur d'Alene Special Services Program. All eligibility will be determined by formal and informal evaluations and assessments done by the Early Intervention Program's Diagnostic Team.

Referrals from parents or other agencies should be directed to the District Developmental Center Prinicipal, who will contact the Diagnostic Team for screening, evaluation and placement where appropriate. When eligibility has been positively determined by the Diagnostic Team, a Child Study Team will meet to determine appropriate placement and establish long range goals.

CHILDREN'S CENTER REGION NO. 2, SHERIDAN WYOMING

Reta Onstott, Director

The goals of our region #2 Children's Center are 1) to identify infants and young children who are developmentally disabled and handicapped and are at risk for future learning, social and self help problems, 2) to intervene as early as possible in order to prevent unnecessary skills being learned and to minimize their risk status, and 3) to increase their potential and help them and their families to be self-fulfilled and contributing citizens.

The Children's Center serves approximately 80 children in our two county area. Half of these children are developmentally delayed and half have speech and language delays. These children are mainstreamed into our three Day Care Centers which have a total enrollment of 250 children. The program fully integrates the handicapped children into the regular classroom. Special services are provided on an individual basis with specialists.

The Children's Center is a non-profit preschool program which provides services to most of the children in center. However, there are outreach programs for any child unable to attend the centers. Children, birth to six years, are served from an area of 380 miles. Six year olds are served in the event that the Public Schools are unable to serve them. The services provided are 1) Child Find for Johnson and Sheridan Counties; (i.e.), screening for vision, hearing, speech, language and development, 2) Evaluation and Diagnosis, 3) Special Education, 4) Speech and Language Therapy, 5) Occupational Therapy, 6) Infant Education, 7) Referral and Follow Up, 8) Family Participation, and 9) Outreach services.

A special project for 1981 is to have forty of our Day Care staff receive their Child Development Associate Degrees. The only CDA's presently in Wyoming are for staff working in Head Start Programs. This is a pilot program for the State of Wyoming for Day Care Centers. Presently all of our special teachers are certified.

EASTERN MONTANA COLLEGE LABORATORY PRESCHOOL TODDLER PROGRAM

Christine Bakun, Coordinator,
Eastern Montana College Preschool

In September, 1980, Eastern expanded its preschool program to include a class for Toddlers, ages 18 to 36 months. Two groups of fourteen children are enrolled — each group attending class two mornings a week. Classes run for two hours, from 9 to 11 a.m.

As part of the Toddler Program, we are involved in the AMI Program, which has been developed by the Yellowstone County Social Services Department, to assist families involved in/or are high risk for abuse and neglect.

The goals of the AMI Program are to:

1. Be supportive of the positive feelings and behaviors existing in families.
2. Provide models and alternative courses of action for parents who want them.
3. Provide resources for crisis situations.
4. Provide quality classroom experiences.

Five families have been referred to the program as a result of previous indentification in abuse or neglect situations. The other nine families of this class have not been selected in any special way.

The director of the AMI Program receives referrals from other Social Workers. She and an assistant, a Family Worker, visit the family and form a written contract with them regarding the goals and conditions of their participation in the program. The Family Worker serves as the main liaison between the parent and the Center Staff. She provides attention and support to the parent, and interacts with the child. Home visits are made when necessary.

Transportation to and from the Center is provided by a Yellowstone County Homemaker. On Tuesdays, all parents from the Toddler Program attend a Parent Discussion Group, where mutual concerns, problems and possible solutions are discussed. The goals for these meetings, for the AMI parent, are:

1. To become aware that their problems, fears, and reactions to their child, while extreme, are similar to the problems, fears and reactions of other parents.
2. Less extreme and safer reactions to stress can be developed.
3. Their child behaves very much like other children.
4. Their child's behavior is not evil or bad and isn't intended to hurt the parent.

All our parents benefit from these discussions, which have covered such specific topics as Discipline, Language Development, Sibling Rivalry, and Self Concept. On Tuesdays, the AMI children are in the Toddler classroom.

On Thursdays, AMI parents stay in the classroom with their child. This allows staff and parents to visit, and develop a feeling of friendship and shared responsibility. Parents are encouraged to try a variety of activities with their child, to open communication and discover the child's strengths. It is expected that the parents will pick up the language and discipline techniques modelled by the staff.

The Preschool staff consists of a Head Teacher, Foster Grandmother, Assistant Teacher, and an Early Childhood student. Our goals are the same for all children in the program. We provide a warm and supportive atmosphere to aid in the sometimes difficult separation process. We help children learn to interact with their peers in acceptable ways. We promote language development, listening skills, coordination and self help skills. We expose them to a variety of materials in art, science, pre-math and pre-reading areas. We also keep in close touch with all parents, visiting when they deliver the child and scheduling two formal conferences a year.

Weekly staff meetings include the Center staff, Family Worker, Social Worker and Director. At this time we discuss progress of both parent and child of AMI participants, and general progress of all children.

The AMI Program was funded for 80-81 through a mini-grant from the Regional Center on Child Abuse. It is hoped that continued funding will be available to continue this much needed program.

DO'S AND DON'TS FOR EFFECTIVE DISCIPLINE

DON'T hit a child when you want him to stop hitting.

DO use your hands, arms and body to hold a hitting child. You will be protecting as well as controlling the child.

DON'T yell at a child to stop his yelling.

DO speak in a firm voice, looking directly into your child's face. Gently holding his arm or shoulder may calm a troubled child.

DO promote good self discipline by giving your child plenty of affection: security, a sense of order, interesting things to do.**

****Parent's Handbook**
Lois A. Cadman, Ed. D.
H.M. Fullerton, Ed. D.
Edward J. Wylie, Ed. D.

RESEARCH IN FOCUS

MAPPING THE COGNITIVE DEVELOPMENT OF THE YOUNG CHILD

Thomas D. McFarland, PhD. and Stephen Ragan, PhD., Lewis - Clark State College, Lewiston, Idaho

The current usage of the term "cognitive mapping" deserves serious consideration. Obviously, cognitive mapping does not include the physiological study of the central nervous system. The term provides an analogy — a vision of the psychologist and educator as cartographers seeking to complete a mosaic map which is our present understanding of the child's cognitive development. Flavell (1963) states:

> *Piaget has staked out a lot of virgin territory in the area of cognitive growth. As is often the case with new explorations, the cartography was not always accurate. But at least there are stakes there now, and we cannot and should not ignore them (p. 412).*

Using Piaget as the Mercator of cognitive development, a clearer understanding of the normal development and individual differences in children begins to emerge.

The problems encountered in attempting to describe the development of children make the mapping analogy even more appropriate. Not only is it necessary to map the surface structures — the child's observable behaviors — but the deep structures must be inferred and explored. This understanding of normal development must then be applied to the understanding of individual differences. The contribution of Piagetian theory and research to this understanding of individual differences in a controversial topic (Siegel and Brainerd, 1978), as noted by special educator Beth Stephens (1977).

> *The search for a mapping of the pathways of early development leads to the work of Jean Piaget . . . While he has worked to outline the stages of cognitive development, special educators have sought to incorporate his findings into intervention programs (p. 237).*

Since Piaget has chosen not to explore individual differences, controversy has evolved around the usefulness of his theory for explanation and intervention related to these differences. However, even critics such as Becker, Englemann, and Thomas (1975) note that Piaget has a descriptively useful system. An important aspect of this description system is the concept of stage.

Piaget describes changes in the young child from an organismic-developmental framework which focuses on patterns of elements or organization over time. Structures or schemas are inferred. Unified structures of the whole are a criteria for defining a stage. Stages constitute an important developmental pattern. Although the issue of the criteria for the construct of a stage and period remains unresolved, several aspects of this construct are presently useful.

Both stages and sequences may be determined by assessment procedures. Assessment may be defined as the measurement of the child's concepts, skills, and individual differences as viewed in relationship to the optimal path of development and learning. Patterns and learning hierarchies are indicated by the topological relationships of proximity, order, enclosure, and continuity. These surface features may then be utilized in the structural analysis pursuit of deep structures. Methods of data reduction such as factor analysis, cluster analysis, and multidimensional scaling are currently assisting researchers in surface and deep structure descriptive studies.

Stage dependent research has involved a multitude of tasks, methodologies, and formats for exploring stages of cognitive development. Piaget's work includes a comprehensive, detailed, and documented system for describing deep and surface structures of children. Utilizing his tasks and clinical method, the interdisciplinary early childhood professionals may begin the exploration of cognitive pathways.

The specific period of interest in early childhood which has recently received considerable exploration is the sensorimotor period. The research of Uzgiris and Hunt (1975) provides a model for useful descriptive studies in the sensorimotor period. They have pursued the description of six stages of infancy through validating learning and cognitive task hierarchies. They utilized the following scales for assessing infant development:

1. visual pursuit and permanence of objects
2. development of means for obtaining desired environmental events
3. development of gestural imitation
4. development of vocal imitation
5. development of operational casuality
6. the construction of object relations in space
7. development of schemes for relating to objects.

Although Paiget, himself, has written only a few books and articles which focus on this period and these stages, the Uzgiris and Hunt approach to cognitive mapping is extremely valuable. Utilizing original sources such as *The Origins of Intelligence in Children* (Piaget, 1936) and *The Construction of Reality in the Child* (Piaget, 1937) as a source of inspiration, they have developed a useful assessment instrument which incorporates the above ordinal scales in the exploration of both normal development and individual differences. This ordinal scales of psychological development provides a tool for both the exploration of surface and deep structures. Although they are purely a descriptive tool, they provide a basis for research in the areas of explanation and intervention.

In the *Science of Education and the Psychology of the Child,* (Piaget, 1973) stresses the importance of an adequate understanding of the development of the child as a prerequisite to related studies in education. The early childhood psychologist and educator should become familiar with descriptive research efforts and contribute to this important area of cognitive mapping. Through the collection of analysis of data from both cognitive and functional skills assessment, the development of children will be clarified.

Note: This article is indebted to a chapter by McFarland, T.D. and Grant, F.A. entitled *"Contributions of Piagetian Theory and Research to Understanding of Children with Learning Problems"* to be published in Modgil and Modgil's *Crossfires and Crosscurrents.*

PUBLICATIONS REVIEW

Lerner, Janet W., *Learning Disabilities: Theories, Diagnosis and Teaching Strategies, 3rd edition,* Houghton Mifflin Company, Boston, 1981.

Learning Disabilities: Theories, Diagnosis and Teaching Strategies is a text offering a comprehensive overview of learning disabilities. It is Janet Lerner's third edition of her original text entitled *Children with Learning Disabilities: Theories, Diagnosis and Teaching Strategies* which she first published in 1971. Ever since the release of her second edition in 1976, there have been many changes occurring in the field of learning disabilities. As the author contends, the change in the title of the third edition reflects one of these changes. Referring to the ommission of "Children with (Learning Disabilities)", the author acknowledges that the field of learning disabilities is no longer concerned only with children, but rather learning disabled adolsescents and adults are now also included within the discipline's scope.

Designed to serve as an overview of learning disabilities, this text is appropriate for both regular and special education teachers, school psychologists, adminstrators, speech and language clinicians, counselors, and other professionals preparing to work with the learning disabled person. The text provides relevant and necessary background information as well as a comprehensive overview of various theoretical approaches in the field, diagnosis and assessment procedures, clinical teaching skills, and familiarity with teaching techniques and materials.

The text is organized in four different sections. Part One provides an overview of the field of learning disabilities and contains three chapters dealing with the transitional nature of the field, the historical perspective, and the medical contributions to the discipline.

Presented in Part Two is the key to effective program implementation for the learning disabled, the diagnosis and teaching process. Chapter 4 scrutinizes the diagnostic process while Chapter 5 examines and discusses clinical teaching.

Part Three reviews the theories and teaching strategies that provide the foundation for assessment and teaching decisions. The seven chapters included address each of the areas of learning disabilities as specified in Public Law 94-142. Accordingly, the following topics are examined with respect to theories and teaching strategies: motor and perceptual development, listening comprehension and oral expression, reading skills and comprehension, written language, mathematic calculations and reasoning, and finally, social and emotional development.

Encompassed in Part Four are three chapters which discern methods of service delivery for the learning disabled. Discussed in Chapter 13 are ways of delivering educational services while Chapter 14 considers the young and preschool child. The final chapter is concerned with the learning disabled adolescent.

The functional appendices offer useful information to those working with the learning disabled student. Available materials are listed as well as tests, and addresses of publishers. Other appendices address phonics and a glossary of terms.

Lerner has also developed an accompanying Study Guide for the text. This was designed to help the student review the content of the book and learn the concepts presented.

Offering an organized, comprehensive update in the field of learning disabilities, this reviewer recommends *Learning Disabilities: Theories, Diagnosis, and Teaching Strategies* as a good reference book for the professional interested in keeping current in the field, as well as an introductory text for students studying learning disabilities.

Reviewer: Lynn Klaber, E.M.C., Billings, MT

Special Education for the Early Childhood Years, by Janet Lerner, Carol Mardell-Czudnowski and Dorothea Goldenburg, Prentice-Hall, Inc. Englewood Cliffs, New Jersey 07632. 1981.

The authors have utilized their experiences in teaching young handicapped children and in preparing teachers in this field to develop this book aimed toward *what to teach* and *how to teach* preschool handicapped children. Findings, information and practices from the field of special education and early childhood education have been combined in this excellent resource.

The child, the curriculum and the environment are addressed within an "expanding systems" format.

Part one, The Child, discusses the nature of early childhood special education, as well as the characteristics, evaluation and the assessment of the pre-school special child.

Part two, The Curriculum, provides an overview of curriculum design and specifics for each of the following: motor, perceptual, cognitive, communication and social-affective skills.

Part three, The Environment, discusses the parent-professional partnership, ways of providing educational services for young handicapped children and existing legislation.

The appendixes include testing instruments, teaching materials, model programs, publishers' addresses, and a glossary.

Reviewer: Nancy Yonkee, VIEWS

IMPORTANCE OF SELF-CONCEPT

Children with major weaknesses particularly need to feel valued and to feel competent. All children need to experience success and to see one's delight in their success.

Development delays often frustrate children and cause the child to have a poor self concept. These children may also have experienced negative reactions from other people, which adds to their frustration. Due to a lack of successful experiences, they may feel that they are not measuring up to others. Parents may compound the problem through overprotection or unrealistic expectations. One can help turn these negative experiences around by helping special children experience success through appropriate classroom activities.*

***When You Care for Handicapped Children**
Texas Department of Human Resources

RESOURCES IN PERSPECTIVE

COMPUTER ASSISTED INSTRUCTION FOR EXCEPTIONAL CHILDREN

Richard Swenson, PhD. and James Kingman
Center for Educational Research, 801 East Sixth Avenue,
Helena, Montana 59601

The advent of the small inexpensive micro-computer has made it economically feasible for school districts to develop Computer Assisted Instruction (CAI) applications for the classroom. Although most large producers of microcomputers have concentrated on computer games, business applications and educational programs for children and adults of normal intelligence, there is enormous potential for their use in special education.

The first question to ask is whether it is feasible to use computers in this way. As mentioned above, we feel it is economically feasible. A classroom can be equipped for as little as $800. But will the children use it? Will they learn from it? And, far from the least important, will the teacher find it useful and easy enough to use? A feasibility study currently underway in a Helena special education classroom indicates that the answer is a definite Yes! The 12 children in the classroom have been using the computer 15 minutes per day since October 1980 and have shown no evidence of boredom. All have been able to use the machine (even the non-reading students) without difficulty and all have shown progress. Since the project was aimed simply at looking at feasibility, however, we made no rigorous experimental comparisons which would allow us to say how much these CAI kids learned in comparison to children in a traditional instruction control group. Nevertheless, the indications are very favorable. The teacher, Diane Weiss, has found the system very easy to use in spite of a healthy skepticism on her part at the beginning of the project. Moreover, she feels that her kids have shown less of a decrement in skills during school vacations.

What is the essence of CAI and what are the advantages both potential and current? First, we'd like to point out that we do not see CAI as replacing the teacher. It has a specific and functional role in special education and that role is seen as one more tool for the teacher to use. The primary application is drill and practice programs. The computer is infinitely patient, has no biases, is emotionally neutral and can *interact* with the student (unlike teaching machines such as System 80). It is seen by students as being very positive. Even though the computer generally provides feedback on incorrect answers, several students have commented that they like the computer because it "doesn't get mad at them." This is not a criticism of teachers; it simply points out the obvious. They're human and they get frustrated at the tedium of drill and practice and the large amount of over-learning (extensive practice beyond the point that a child can perform consistently correct during a given session) required for handicapped learners.

Some of the advantages of a CAI system are:

1. It can provide an effective substitute to the teacher for some of the time consuming individual practice sessions.
2. It can select an appropriate level of difficulty at which to begin each session with a given child and keep him at an optimal level of difficulty to maintain challenge without creating frustration.
3. The system can record the session performance of each student and maintain an individual historical performance record.
4. It can analyze error patterns and automatically shift to a remedial sequence of instruction.
5. The computer appears to be quite intrinsically motivating and is also very adaptable to the use of extrinsic, back-up rewards such as social praise, tokens and, of course, access to the ever-popular computer games.

To summarize, we envision CAI to be an important tool in the future of special education. The potential of the computer to individualize instruction, to record progress and to toil patiently without complaint while a handicapped child learns makes it an exciting development for the future. There are important implications for home use (e.g., will it displace some or most of the 20-30 hours children spend watching television in America?) and for vocational opportunities (e.g., remote data entry) as well. We invite readers of *Views* to share their thoughts on the future use of computers in education. There are many questions to be asked, concerns to be voiced and implications for all of our lives that need to be discussed and debated.

NEW FUNDS FOR CHILDREN'S MENTAL HEALTH

(Reprinted from WESTAR — 11-2-80)

On October 7, 1980, President Carter signed into effect Public Law 96-398, the Mental Health Systems Act. The law makes available $37 million to state and local mental health centers, and public and private nonprofit organizations. Funds are to be used to improve early identification and assessment procedures, to provide supplementary health services to children receiving PL 94-142 funding, to encourage interagency cooperation, and to supplement operating costs of mental health services. The law will take effect beginning fiscal year 1982, and signals the first federal monies earmarked for preventive mental health.

THE TEST OF LANGUAGE DEVELOPMENT (TOLD)

authors: **Phylis L. Newcomer**
Donald D. Hammill
copyright date: 1977
publisher: **Empiric Press**
range: **ages 0-4 through 8-11**

The Test of Language Development (TOLD) is a norm-referenced standardized measure that assesses both reception and expression in three major components of oral language: phonology, syntax, and semantics. The test is administered individually and may be used by teachers, speech and language clinicians, psychologists, or other professionals who have carefully read the manual and follow the prescribed directions. The TOLD requires approximately 35-40 minutes to administer and is comprised of seven subtests; picture vocabulary, oral vocabulary, grammatic understanding, sentence imitation, grammatical completion, word discrimination and word articulation. The results provide current levels of performance in oral language and identify specific areas of strengths and weaknesses. Included in the test kit are a manual, picture book, answer sheets, and a statistical manual written by the authors.

NEW SERIES OF BOOKS RESULT OF EVALUATION RESEARCH

New Perspectives in Evaluation is a new 5 book series soon to be published by SAGE Publications, bringing those interested in evaluation a set of creative methodological approaches to the study and practice of evaluation. Two books in the series, *Metaphors for Evaluation: Sources of New Methods* and *New Techniques for Evaluation,* are expected to be available this spring.

NEW TECHNIQUES FOR EVALUATION

Today's successful evaluator needs more tools than the limited collection of traditional measurement and experimental analysis skills. This volume provides evaluation practitioners with an introduction to a range of new techniques for use in their work, including:

Cost analysis methods (cost-benefit, cost-effectiveness, cost-utility, and cost-feasibility analysis)

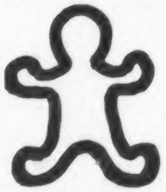
Exploratory data analysis methods (for discovering unknown relationships in evaluation data, rather than merely confirming preexisting assumptions)

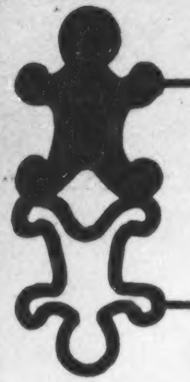
Criticism methods (especially useful in appraising evaluation studies themselves)

Journalistic methods (for structuring investigations, interpreting archival data, and interviewing hostile subjects)

These new techniques for evaluation are presented in detail, using actual examples and illustrations, and supported by follow-up references enabling the evaluator to continue the study of these methods. Contained here are not theoretical or abstract discussions of esoteric methods, but sound introductions to practical approaches currently being tried by innovative evaluation practitioners. This book will equip evaluators with fresh techniques for improving the quality and expanding the range of their evaluation work.

Reprinted from February, 1981 **Northwest Report**, Northwest Regional Educational Laboratory, Portland, Oregon.





LOOKING FOR FUN

TALL AND SHORT

This is a good relaxing exercise activity and an enjoyable size concept learning activity.

Have the children move about the room to music with a moderate tempo. Explain that when you name something tall, they are to stretch up, making themselves as tall as possible. When you name something small, crouch down on the floor as short as possible.

Examples:

trees	bugs
lamp post	ant
building	fish
door	flower
giraffe	mouse

Kathie Walton,
Billings, MT

AIR PRESSURE EXPERIMENT

Problem: What can air do?
Materials: Fairly lightweight book
Balloon for experiment and sufficient balloons for each child.
Procedure: 1. Place balloon under book
2. Inflate the balloon
Observation: The book is rising.
Conclusions: 1. Air can lift
2. Air can push things
3. Air takes up space

Give each child a balloon to take home to amaze their parents with their newfound knowledge that air, though it has no smell, feel, etc., does indeed take up space.

Kathleen Walton,
Billings, MT

FINGER JELLO RECIPE

4 packages of 3 oz. Jello brand gelatin
6 packages Knox gelatin
1 can condensed Eagle brand milk

Layers 1-3-5-7 — Mix 1 package Jello, 1 package Knox gelatin, and 1 cup hot water for each layer.

Layers 2-4-6 — Combine 2 packages Knox gelatin, and 1¼ cup hot water (dissolve gelatin). Add condensed milk.

Let each layer set for about 5 minutes in refrigerator before adding next layer.

Mary Lou Kinney
Boise, Idaho

CLOUD DOUGH

Mix together: 6 cups flour, 1 cup cooking oil, 1 cup water (as needed). Add a few drops of food coloring and flavor extract/oil to the mixture and knead well. The result should be oily and smooth. Store in a covered plastic container with extra room left at the top. Re-knead when using again.

This play dough does not harden, offering an interesting departure from the traditional flour-salt combination. The high oil content results in a soft pliable mixture which is soothing to the hands and to the spirit (especially on "hyper" days when used with soft music in the background). By adding the coloring to the water first, the child can work the coloring through, resulting in a marbled effect and finally a solid color. Individual portions for mixing are easily arranged for independent activity. Like all art media, this mixture should *not* be eaten, but in the event of "accidental" tasting, is less reactive to the system than salt mixtures.

Delnya Malchen,
Billings, MT

GOOD LISTENING

Guess what I'm doing?

An interesting way to imitate experiments in pantomime is to ask students to mime an activity as others try to identify the activity.

Peel a banana and eat it.
Open an umbrella as it suddenly begins to rain.
Make a sandwich.
Dig in a garden and plant seeds.

Kathleen Walton,
Billings, MT

HOMEMADE ICE CREAM

Every child should experience the fun and excitement of making homemade ice cream. The following recipe is for the old-fashioned hand crank freezer.

Ingredients:
3 eggs
2 quarts milk
2 pints whipping cream
3 tablespoons vanilla
Dash of salt

Cream together sugar and eggs thoroughly. Add milk and cream, stirring constantly. Add vanilla and dash of salt. Pour mixture into the freezer can and chill for 30 minutes. The can should not be more than ⅔ full to allow for expansion.

When chilled, place freezer can of ice cream mix in tub of ice cream maker. Put top and crank in place. Alternately add 1 cup crushed ice and ¼ cup rock salt until ice and salt mixture comes to the lid of the freezer can (approximately 8 lbs. of ice and 1¼ cups of rock salt). Let children take turns turning the crank slowly until the ice cream is so thick that the handle can no longer be turned (about 30-40 minutes). Drain excess water from tub; remove dasher from the can; plug the hole in the can lid. Leave can of ice cream in tub of ice and salt. Cover entire freezer with a towel or some heavy material and allow to chill for 30 minutes or more. Fruit may be added during the last 20 minutes of cranking.

This is an excellent "special treat" for the end of the school year outdoor picnic.

Luncheon speaker, Paul Crellin, M.D., Children's Clinic, Billings, Montana.

Keynoter, Dr. Bud Fredericks, Teaching Research, Monmouth, Oregon.

THE SECOND ANNUAL MONTANA SYMPOSIUM ON EARLY EDUCATION AND THE EXCEPTIONAL CHILD

Brent Rast, Preschool Special Education Teacher,
Montana Center for Handicapped Children

Over 200 professionals who recognize the need for early intervention attended the Second Annual Montana Symposium on Early Education and the Exceptional Child held in Billings, Montana, April 1-3, 1981. An incredible amount of professional resources were utilized for the sectional workshops. Presenters representing Illinois, Kansas, Minnesota, Mississippi, Montana, Washington, Oregon, Wyoming and Texas provided information concerning the young handicapped child. Their expertise included a variety of model programs of service, related services for children, instructional aids and research methodology.

The symposium began with a keynote address by Dr. Bud Fredericks, Associate Director of Teaching Research at Monmouth, Oregon. He presented a realistic view concerning the bleak future of early education programs nationwide. Dr. Fredericks stated that pertinent data has not been collected to convince the Federal government of the need to continue it's support of such programs. He did emphasize this data must be collected immediately in order to save programs now in existence. Alternative means of service must also be investigated. His presentation definitely set the thrust for the symposium. Dr. Fredericks provided research data demonstrating effective means of serving young handicapped children in his subsequent presentations.

Dr. Merle Karnes, renowned author and educator from the University of Illinois, was another keynote speaker. She addressed a recent survey of infant programs considered to be exemplary and focused on the vital components necessary for exemplary programs for the young handicapped child.

The other keynoter, Dr. Norris G. Haring, University of Washington, a noted authority on severely/profoundly handicapped, addressed the topics of teaching strategies for the behaviorally disordered and methods of combatting the labeling process.

Ms. Judy Johnson, Special Education Unit Director for the State of Montana, responded to questions submitted by participants. She stressed the state's strong support for early special education programs. Ms. Johnson expressed the extreme difficulty at the state level, in determing what services will be eliminated due to funding cuts. The Office of Public Instruction did assist in the funding for the symposium, a good example of the state's support.

As a participant, I thought the symposium was an overwhelming success. The available expertise and the opportunity to exchange ideas and reinforce existing intervention programs were invaluable to those in the field.

SYMPOSIUM VIDEO TAPES AVAILABLE

Video tapes of the keynote addresses by Dr. Bud Fredericks, Dr. Merle Karnes and Dr. Norris Haring and selected selectionals will be available by early fall for viewing. These tapes may be viewed on a loan basis by any Montana schools or agencies for mailing costs only. For further information regarding these video tapes, contact Training Resources & Information Center, 1219-8th Avenue, Helena, MT 59601, (406) 449-5647.

Sectional Presenter, Steve Robertson, Jackson, Mississippi.

Symposium participants enjoying a keynote address.

From left to right: Mr. Ned Laird, Supervisor Special Education, District #2, Billings, Montana; Ms. Judy Johnson, Special Education Unit Director, Office of Public Instruction, State of Montana; Dr. Rowena Foos, Director Elementary Special Education, District #2, Billings, Montana.

Keynoter Dr. Merle Karnes, University of Illinois.

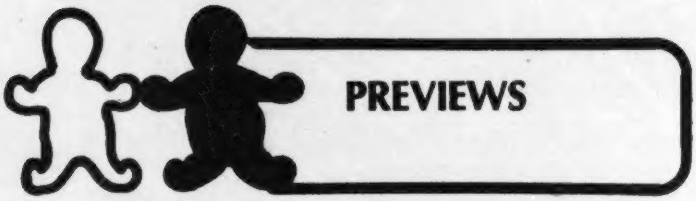
Dr. Ronald P. Sexton, Director, Institute for Habilitative Services, Eastern Montana College, Billings, Montana.

THE SECOND ANNUAL MONTANA SYMPOSIUM ON EARLY EDUCATION AND THE EXCEPTIONAL CHILD PROCEEDINGS DOCUMENT

A comprehensive document representing a collection of papers from experts in the field of early childhood special education presented during the Second Annual Montana Symposium on Early Education and the Exceptional Child is scheduled for publication July, 1981 and will be available to the public for a nominal fee.

Contributors include Dr. Bud Fredericks, Dr. Norris G. Haring, Dr. Merle Karnes and other specialists in the field. Topics include: Assessment, Alternative Service Delivery Models, Coping With Stress and Burnout, Teacher Competencies, Serving Native American Preschoolers and Programming for Preschool Children.

For futher information regarding the proceedings document, contact Project Sunrise Outreach, Eastern Montana College, Billings, Montana 59101. (406) 657-2250.



PREVIEWS

May 8-9	MONTANA CONFERENCE ON GIFTED AND TALENTED. Contact: Nancy Lukenbill, Montana Office of Public Instruction, Helena, MT, 800-332-3402 or 449-3116.	Outlaw Inn Kalispell, MT
May 25-29	"A Decade of Change: From Rights to Realities", American Association for Mental Deficiency	Detroit, MI
May 11-13	ALTERNATIVE ASSESSMENT AND INTERVENTION — Strategies for Infants at High Risk and Their Families. Contact: Continuing Education Division, University of Michigan, ISMRRD, 130 S. First Street, Ann Arbor, MI 48104.	University of Michigan Ann Arbor, MI
June 15-July 3	Summer Workshop on Teaching Severely Handicapped. Contact: Dr. Alan Hilton, Institute for Habilitative Services, Eastern Montana College, Billings, Montana, 657-2351.	Eastern Montana College Billings, MT
June 17-20	Rural Educators Conference & Seminars. Contact: Dr. Lee Spuhler, Office of Continuing Education, Western Montana College, Dillon, Montana, 683-7537.	Western Montana College Dillon, MT
June 22-July 7	Habilitation of the Young Handicapped Child. Department of Speech Pathology/Audiology. Contact: Morita Flynn, P.O. Box 3224, University Station, Laramie, Wyoming 82071, (307) 766-6145.	University of Wyoming Laramie, WY
July 13-16	Rural Schools Regional Conference "Strategies in Alcohol and Drug Abuse". Contact: Dr. Lee Spuhler, Office of Continuing Education, Western Montana College, Dillon, Montana, 683-7537.	Western Montana College Dillon, MT
July 14-18	International Conference on Autism "Hope Through Research and Education". Contact: National Society for Autistic Children, 1234 Massachusetts Avenue, N.W., Suite 1017, Washington, D.C. 20005.	Boston Park Plaza Boston, MA
Sept.	12th Annual Montana Indian Education Conference. Contact: Bob Parsley, Office of Public Instruction, Helena, Montana, 449-3036.	Billings, Montana
Sept. 24-25	Second Annual Montana Conference on Developmental Disabilities. Contact: Mike Muszkiewicz, TRIC Office, Helena, Montana, 449-5647.	To be determined
Oct. 15-16	Council for Exceptional Children Conference. Contact: Sherry Meadors, C.E.C. Conference Committee Chairperson, Great Falls, Montana, 791-2270.	Sheraton Hotel Great Falls, MT